



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

June 1, 2004

FOR: FOOD STAMP CERTIFICATION MANUAL DISTRIBUTION

FOOD STAMP CERTIFICATION MANUAL – VOLUME V

TRANSMITTAL #59

This transmittal contains clarifications and changes for the Food Stamp Program. The transmittal also contains a new provision that will allow the transfer of food stamp cases from one Virginia locality to another.

The provisions of this transmittal are effective for eligibility determinations for July 1, 2004 or later.

Guidance for maintenance of the manual follows. The manual and this transmittal are available on the Internet at [http://www.dss.state.va.us/benefit/fs\\_manual.html](http://www.dss.state.va.us/benefit/fs_manual.html) and on the Intranet at <http://www.localagency.dss.state.va.us/divisions/bp/fs/manual.cgi>.

Remove Page(s)	Insert Page(s)	Significant Changes
Table of Contents Pages i-ii	Table of Contents Pages i-ii	The Table of Contents was revised to include a new chapter on verifying changes.
Abbreviations Page 1	Abbreviations Page 1	The list of terms was revised to delete the reference to the blue book and to add the new immigration department.
Part I Pages 1-4	Part I Pages 1-4	References to converting electronic benefits to coupons were deleted. The address for mailing discrimination complaints was revised.

Remove Page(s)	Insert Page(s)	Significant Changes
Pages 7-8	Pages 7-8	The instructions for the hotline form were changed to require the form for late recertification applications.
Appendix I Page 1	Appendix I Page 1	The list of FIPS codes for localities was revised to include the Shenandoah Valley agency.
Part II Pages i-ii	Part II Pages i-ii	The Table of Contents was revised to show changes in page assignments.
Pages 3-12	Pages 3-12	<p>Instructions were changed for the hotline form to require the form at new application, reapplication, and for late recertification applications.</p> <p>Clarification was added to address the denial of applications on the 30<sup>th</sup> day if households have been given at least 10 days after the interview to supply information. Clarification was also added to show that the interview must be scheduled before the 30<sup>th</sup> day.</p>
Pages 23-24	Pages 23-24	The categorical eligibility section was revised to show the 30-day processing period for TANF applications and to delete a reference to an evaluation of vehicle ownership.
Pages 29-30	Pages 29-30	A reference to the Social Security Act was corrected from Section 1616 (a) to Section 1616 (e).
Part III Table of Contents	Part III Table of Contents	The Table of Contents was revised to rename a chapter and to add a chapter on verifying changes during the certification period.
Pages 1-2	Pages 1-2	The chapter on mandatory verifications was renamed to show that the chapter applies to

Remove Page(s)	Insert Page(s)	Significant Changes
		new applications and to applications filed by reapplying households.
Pages 11-14	Pages 11-16	The recertification verification section was reformatted. A new section was added to address verification requirements for changes that occur during the certification period. This information was previously contained in Part XIV for the most part.
Part VII Pages 9-12	Part VII Pages 9-12	Clarifications were added about the date of entry to the country for evaluating immigrant eligibility and about determining public benefits for evaluating work quarters. Information was deleted about expired immigrant documents. Expired documents may be used in conjunction with SAVE or other contacts to verify immigrant information.
Appendix I Pages 1-4	Appendix I Pages 1-4	<p>A clarification was added about defining a public benefit for nutritional assistance from Puerto Rico, American Samoa, and the Northern Mariana Islands.</p> <p>The amount needed to earn a work quarter was changed to \$900 per quarter for 2004.</p>
Part VIII Pages 5-6	Part VIII Pages 5-6	The work registration section was changed to require households to register for work when changes are reported if household members are subject to time-limited benefits.
Part IX Pages 1-2, 9-10	Part IX Pages 1-2, 9-10	Typographical corrections were made to identify money in a trust fund and the chapter about resource transfers.

Remove Page(s)	Insert Page(s)	Significant Changes
Part XI Pages 3-4,17-18	Part XI Pages 3-4,17-18	References to a specific section of the Workforce Investment Act (WIA) were deleted. Any program funded through the WIA in whole or in part is excluded except for on-the-job training programs for adult household members.
Part XII Pages i-ii	Part XII Pages i-ii	The Table of Contents was revised to include a chapter on ending transitional benefits.
Pages 13-14,19-20	Pages 13-14,19-20	Minor typographical corrections were made.
Pages 21-24	Pages 21-24	<p>Policies for Transitional Benefits were clarified to include additional instances when Transitional Benefits would not apply. Transitional Benefits do not apply when the TANF case is established in error and it subsequently closes and when there is no active food stamp case when the TANF case closes.</p> <p>The Transitional Benefits chapter was also changed to outline processes for ending benefits and whether to send an adequate or advance notice.</p>
Part XIII Pages 5-6	Part XIII Pages 5-6	The As Billed method of evaluating expenses was changed to remove the limitation placed on expenses paid in advance. These expenses were limited to consideration in the month paid only but now they would be allowable in the month they would have been payable.
Pages 9-12	Pages 9-12	The computation steps were revised to remove reference to educational income and expenses.

Remove Page(s)	Insert Page(s)	Significant Changes
Part XIV Pages i, 1-19	Part XIV Pages i,1-22	<p>The chapter was revised to include a section on transferring food stamp cases.</p> <p>The Interim Report section was revised to emphasize worker flexibility for considering whether report is complete. Additional subsections were added to address verification requirements for the Interim Report and a section on using information on the Interim Report to determine eligibility and benefit level.</p>
Part XV Appendix I Page 1	Part XV Appendix I Page 1	<p>The list of localities exempted from the work requirement because of the unemployment rate or classification by the Department of Labor as a Labor Surplus Area was revised.</p>
Part XVII Pages 5-6	Part XVII Pages 5-6	<p>A clarification was added to the liable person section to address persons who are responsible for food stamp claims. The information was previously conveyed in Broadcast 2531, dated February 3, 2004.</p>
Pages 13-14,17-18	Pages 13-14,17-18	<p>The address for the submission of reports and payments was changed.</p>
Part XIX Pages 13-14	Part XIX Pages 13-14	<p>The address for sending administrative disqualified hearing waivers was revised.</p>
Appendix I Pages 5-6	Appendix I Pages 5-6	<p>The address for the Virginia Poverty Law Center was revised.</p>

Remove Page(s)	Insert Page(s)	Significant Changes
Part XXIV Pages i-ii	Part XXIV Pages i-ii	The Table of Contents was revised to show revisions to certain forms and to show additional forms.
Pages 22-25	Pages 22-25	The Eligibility Review form was reformatted.
Pages 63-66	Pages 63-66	The Request for Assistance was revised to include additional racial groups and languages.
Pages 68-69	Pages 68-69	The request for action form for use in the interim report process was revised to show revised appeals information for the TANF program and to show the possible impact for failing to submit required information.
Pages 75-77	Pages 75-77	The Internal Action form was revised to allow for a debit from a household's EBT account when the benefits are deposited in error. The form was also revised to remove reference to coupon conversion.
Pages 88-93,96-102	Pages 88-93,96-102	The location of forms used for administrative disqualification hearings and for disqualified recipients was changed to <a href="http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi">www.localagency.dss.state.va.us/divisions/bp/forms.cgi</a> . The address for submitting the forms was revised on several of the forms.
	Pages 115-119	Forms for use in transferring food stamp case records were added. The Notice of Transfer is to be sent to affected households to advise them of the transfer. The Case Record Transfer Form is used for offices to communicate with each other when a case is transferred from one local social services department to another.

Remove Page(s)	Insert Page(s)	Significant Changes
Part XXV Pages 13-14,27-28	Part XXV Pages 13-14,27-28	Addresses were revised for submitting worker's compensation information and the statistical report for the Food Stamp Employment and Training Program.
Appendix III Page i	Appendix III Page i	The Table of Contents was revised to show the revision of the medical evaluation.
Pages 34-36	Pages 34-36	The medical evaluation was revised to make the request for information from medical personnel simpler.
Index Pages 1-2,5-12	Index 1-2,5-12	The index was revised to add references for case transfers and to revise page listings.



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Director  
Division of Benefit Programs

Attachment





ABBREVIATIONS/ACRONYMS

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ABBREVIATIONS/ACRONYMS

<b>ADAPT</b>	Application Benefit Delivery Automation Project
<b>ADH</b>	Administrative Disqualification Hearing
<b>APECS</b>	Automated Program to Enforce Child Support
<b>ATP</b>	Authorization to Participate
<b>BEERS</b>	Benefit Exchange Earnings Report
<b>BENDEX</b>	Beneficiary Data Exchange
<b>CAPS</b>	Card Activation and Pin Selection
<b>CSR</b>	Customer Service Representative
<b>DCSE</b>	Division of Child Support Enforcement
<b>DMV</b>	Department of Motor Vehicles
<b>DRS</b>	Disqualified Recipient Subsystem
<b>EBT</b>	Electronic Benefits Transfer
<b>EW</b>	Eligibility Worker
<b>FIPS</b>	Federal Information Processing Standard
<b>FmHA</b>	Farmers Home Administration
<b>FNS</b>	Food and Nutrition Service
<b>FS</b>	Food Stamps
<b>FSET</b>	Food Stamp Employment and Training Program
<b>GR</b>	General Relief
<b>HUD</b>	Department of Housing and Urban Development
<b>IDA</b>	Individual Development Account
<b>IEVS</b>	Income Eligibility Verification System
<b>INA</b>	Immigration and Naturalization Act
<b>INS</b>	Immigration and Naturalization Service
<b>IPV</b>	Intentional Program Violation
<b>IRS</b>	Internal Revenue Service
<b>LIHEAP</b>	Low Income Home Energy Assistance Program
<b>NA</b>	Nonassistance
<b>PA</b>	Public Assistance
<b>PIN</b>	Personal Identification Number
<b>POS</b>	Point-of-Sale
<b>QC</b>	Quality Control
<b>SAVE</b>	Systematic Alien Verification for Entitlement
<b>SDX</b>	State Data Exchange
<b>SSA</b>	Social Security Administration
<b>SSI</b>	Supplemental Security Income
<b>SSN</b>	Social Security Number
<b>SVES</b>	State Verification Exchange System
<b>TANF</b>	Temporary Assistance for Needy Families
<b>USDA</b>	United States Department of Agriculture
<b>USCIS</b>	United States Citizenship and Immigration Services
<b>VA</b>	Veterans Administration
<b>VEC</b>	Virginia Employment Commission
<b>WIA</b>	Workforce Investment Act



A. PURPOSE OF THE FOOD STAMP PROGRAM

The purpose of the Food Stamp Program is to alleviate hunger and malnutrition. The Program will meet its goals by permitting low-income households to obtain a more nutritious diet through normal channels of trade by increasing the food purchasing power for all eligible households who apply for participation. The U.S. Congress intended to promote the general welfare and to safeguard the health and well being of the population of the Nation by raising levels of nutrition among low-income households. The intent is also to help provide food in cases of emergency and financial disaster.

The purpose of this manual is to provide the local welfare/social service agency with certification procedures. Regulations for the issuance of Electronic Benefit Transfer (EBT) cards to eligible households are in the Virginia Electronic Benefits Transfer Policy and Procedures Guide.

B. HISTORY OF THE FOOD STAMP PROGRAM

The Food Stamp Act of 1964 authorized the Food Stamp Program on a permanent basis. The Food Stamp Act of 1977, and subsequent amendments, amended the 1964 Act and resulted in the generation of the current Food Stamp Program regulations. The U.S. Department of Agriculture administers the Food Stamp Program nationally through the Food and Nutrition Service (FNS). In Virginia, local departments of social services operate the Program at the county/city level under the supervision of the State Department of Social Services.

The Food Stamp Program started in four Virginia localities (Lee, Wise, Dickenson and the City of Norton) during the pilot phase of its development before the establishment of the permanent program on a national basis. Through requests to operate the Program from local governing bodies, more than 70 localities in the State expanded the Program by June 1974. President Nixon signed the Farm Bill into law in August 1973 that required the nationwide implementation of the Food Stamp Program effective July 1, 1974. Nationwide implementation of the Food Stamp Program eliminated the Surplus Commodity Program, which was an alternate food program available to localities.

C. ISSUANCE SYSTEMS AND FOOD STAMP BENEFIT USE

Eligible households in Virginia receive their food stamp benefits electronically where eligible households receive a plastic EBT card with a magnetic stripe and a personal identification number (PIN) or other access device to access the food stamp benefits.

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The local agency must inform eligible households how to access their benefits through EBT and the proper use of the benefits, as described in this chapter.

Upon receipt, the Case Name and authorized representative should each sign their own EBT cards. Eligible households may use the EBT card at any retail store or other food vendor authorized by USDA to accept food stamp benefits. Authorized retailers may display a sign indicating authorization that reads, "We accept Food Coupons" or similar language, or that displays the QUEST logo.

In certain circumstances, eligible households may use food stamp benefits to purchase meals through:

- nonprofit meal delivery services, such as Meals-On-Wheels, or feeding sites for the elderly;
- authorized drug addiction and alcoholic treatment and rehabilitation centers;
- certain group living arrangements;
- shelters for battered women and children; and
- authorized nonprofit establishments that feed homeless persons and restaurants authorized to accept food stamp benefits.

A household may purchase any food or food product for human consumption with food stamp benefits. The household may also purchase seeds and plants for use in gardens to produce food for the personal consumption of the eligible household.

Households may not use food stamp benefits to purchase the following:

- alcoholic beverages or tobacco;
- hot foods ready for immediate consumption;
- pet foods;
- soap products, paper products or other non-food items usually available in a grocery store; or
- foods to be eaten on the store premises.

In addition, household may not use food stamp benefits to pay back grocery bills.

At the certification interview, the Eligibility Worker (EW) should advise the applicant that, when using food stamp benefits, to separate eligible items from ineligible items at the checkout counter unless there is electronic programming available that could identify eligible items. The household should also advise the cashier beforehand of the intent to use food stamp benefits, if electronic programming is not available to denote food stamp benefits or when the household will use EBT in conjunction with other payment methods.

Field offices for the USDA are responsible for the authorizing retailers to accept food stamp benefits and responsible for ensuring compliance of food stamp regulations by the retailers. Appendix II of Part I lists the USDA field offices and the Virginia localities assigned to each office.

D. PERSONNEL AND OFFICE OPERATIONS (7 CFR 272.4(a))

The local agency must provide qualified employees necessary to take prompt action on all applications. The local agency employees who certify households for participation in the Food Stamp Program must meet the same personnel standards as those used by the local agency for personnel who certify applicants for benefits under the federally aided public assistance programs. Only qualified local agency employees may conduct the interview of applicant households required by Part II.D and determine the household's eligibility or ineligibility and the level of benefits. In addition, only authorized employees or agents of the state or local agency, or a local issuing agency may have access to EBT cards or the EBT administrative terminal.

The local agency must provide timely, accurate, and fair service to applicants for and participants in the Food Stamp Program. Each local agency must establish office procedures and operations that accommodate the needs of the populations it serves. Populations with special needs may include households with elderly or disabled members, homeless households, households with members who are not proficient in English, and households with members who work during normal office hours.

E. NONDISCRIMINATION (7 CFR 272.6)

It is the policy of the State of Virginia and USDA that any applicant or participant must receive fair and equal treatment. There must be no discrimination against applicants or participants in any aspect of program administration for reasons of age, race, color, sex, **disability**, religious creed, national origin, or political beliefs.

1. Discrimination Complaints - People who believe that they were subject to discrimination may file a complaint by calling (202) 720-5964 or by writing:

U.S. Department of Agriculture  
Director, Office of Civil Rights  
Room 326-W, Whitten Building  
1400 Independence Avenue  
Washington, D.C. 20250-9410

State and local social services agencies must accept all written or verbal complaints of discrimination and forward them immediately to:

**Director of Quality Management**  
Virginia Department of Social Services  
**7 North Eighth Street**  
Richmond, Virginia 23219-3301

If the individual making the complaint does not put the complaint in writing, the person receiving the complaint must do so.

Whenever possible, the complaint should include the following:

- a. Name, address, and telephone number or other means of contacting the person alleging discrimination.
- b. The location and name of the organization or office that is accused of discriminatory practices.
- c. The nature of the incident, action, or the aspect of program administration that led the person to allege discrimination.
- d. The reason for the alleged discrimination (age, sex, race, religious creed, color, handicap, national origin, or political belief).
- e. The names, addresses, and titles of persons who may have knowledge of the alleged discriminatory acts.
- f. The date or dates on which the alleged discriminatory actions occurred.

The discrimination complaint system, including the right to file directly with the Secretary or the Administrator, must be explained to each individual who expresses an interest in filing a discrimination complaint. It must be explained to the individual that complaints will be accepted even if the information specified above is not complete; however, investigations will be conducted only if the information described in (b), (c) and (d) is provided. It must also be explained that a complaint must be filed no later than 180 days from the date of the alleged discrimination, although the time for filing may be extended by the Secretary of Agriculture.



3. Local, state, or federal law enforcement officials upon a written request to investigate an alleged violation of the Food Stamp Act or regulations. The written request must include the identity of the individual requesting the information and the authority to do so, the violation being investigated, and the identity of the person on whom the information is requested.
4. Law enforcement officials upon notification that an individual is fleeing prosecution or imprisonment, is in violation of parole or, that an individual has information needed to conduct an investigation of a felony or parole violation. The individual's address, Social Security number, and photograph, if available, must be disclosed upon written request. (The agency may not disclose scheduled appointment dates or times.)
5. The parent locator service to assist in the Child Support Enforcement Program under Title IV-D, upon request; and
6. Persons directly connected with the verification of immigration status of aliens applying for food stamp benefits through SAVE to the extent the information is necessary to identify the individual for verification purposes.

If there is a written request by a responsible member of the household, its currently authorized representative, or a person acting on its behalf, the household representative must be allowed to review material and information contained in the case file, during normal business hours. The agency may withhold confidential information, however, such as the names of individuals who have disclosed information about the household without the household's knowledge, or the nature or status of pending criminal prosecutions.

All local offices of the Department of Social Services must maintain state regulations and manuals that affect the public for examination by the public on regular workdays during regular office hours.

#### I. PROGRAM INFORMATIONAL ACTIVITIES (7 CFR 272.5)

Food Stamp Program information must be available to applicant and recipient households. Program information includes the rights and responsibilities of households. This information may be conveyed through publications, telephone hotlines, and face-to-face contacts.

##### 1. Booklets/Pamphlets

- a. Virginia Social Services - Benefit Programs information booklet - Applicants must receive this booklet at the time of each new application. Applicant households must also receive the booklet at each reapplication or recertification if the household no longer has a copy of the booklet.

- b. *Virginia Nondiscrimination Program* - Provide the nondiscrimination pamphlet to households upon request.
- c. *Appeals and Fair Hearings* pamphlet - Households must receive this pamphlet with computer-generated adverse action notices for actions to reduce or terminate the benefits or when applications are denied.
- d. *Virginia EBT Questions and Answers* pamphlet and the EBT wallet card - The local agency or the EBT vendor must provide EBT materials to EBT card recipients upon the initial or replacement issuance of the EBT card. The local agency must provide these EBT materials upon request after the issuance of the EBT card. The agency may provide the *Cardinal Card Reminder* flyer to households as needed.

2. Posters

These posters must be prominently displayed where food stamp applications are taken:

- a. A nondiscrimination poster, e.g., "And Justice for All", or the Virginia Nondiscrimination poster
- b. "Your Food Stamps Rights Toll-Free Hotline"

3. Other Required Activities

- a. The agency must provide an explanation of household rights when applicants request information about the Food Stamp Program. The agency may provide a verbal explanation or it may provide the *Know Your Rights When Applying for Food Stamps* flyer if the applicant is able to read and comprehend the form in English.
- b. The agency must complete the *Food Stamp Program - Hotline Information* form and provide it to each applicant on the day the applicant files a new application, a reapplication, **or a late recertification application.**
- c. The local agency must make an effort to answer general or specific questions related to the Food Stamp Program from persons expressing an interest in applying for program benefits. The agency may refer callers to appropriate agency personnel, and if those persons are not available, the agency must arrange to return the call. If it is not possible to return the call, the agency must advise the caller to return the call at a prearranged time when the appropriate personnel will be available to answer the questions.

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FIPS CODE DIRECTORY

Code	Locality	Code	Locality	Code	Locality
001	Accomack	083	Halifax	171	Shenandoah
003	Albemarle	085	Hanover		Shenandoah Valley
005/	Alleghany	087	Henrico	015	Augusta
560	Clifton Forge	089/	Henry	790	Staunton
580	Covington	690	Martinsville	820	Waynesboro
007	Amelia	091	Highland	173	Smyth
009	Amherst	093	Isle of Wight	175	Southampton
011	Appomattox	095	James City	177	Spotsylvania
013	Arlington	097	King and Queen	179	Stafford
017	Bath	099	King George	181	Surry
019	Bedford	101	King William	183	Sussex
515	Bedford City	103	Lancaster	185	Tazewell
021	Bland	105	Lee	187	Warren
023	Botetourt	107	Loudoun	191	Washington
025	Brunswick	109	Louisa	193	Westmoreland
027	Buchanan	111	Lunenburg	195	Wise
029	Buckingham	113	Madison	197	Wythe
031	Campbell	115	Mathews	199/	York
033	Caroline	117	Mecklenburg	735	Poquoson
035	Carroll	119	Middlesex	510	Alexandria
036	Charles City	121	Montgomery	520	Bristol
037	Charlotte	125	Nelson	540	Charlottesville
041/	Chesterfield	127	New Kent	550	Chesapeake
570	Colonial Heights	131	Northampton	590	Danville
043	Clarke	133	Northumberland	620	Franklin City
045	Craig	135	Nottoway	630	Fredericksburg
047	Culpeper	137	Orange	640	Galax
049	Cumberland	139	Page	650	Hampton
051	Dickenson	141	Patrick	670	Hopewell
053	Dinwiddie	143	Pittsylvania	680	Lynchburg
057	Essex	145	Powhatan	683	Manassas
059/	Fairfax County	147	Prince Edward	685	Manassas Park
600	Fairfax	149	Prince George	700	Newport News
610	Falls Church	153	Prince William	710	Norfolk
061	Fauquier	155	Pulaski	720	Norton
063	Floyd	157	Rappahannock	730	Petersburg
065	Fluvanna	159	Richmond County	740	Portsmouth
067	Franklin County	161	Roanoke County	750	Radford
069	Frederick	163/	Rockbridge	760	Richmond City
071	Giles	530	Buena Vista	770	Roanoke City
073	Gloucester	678	Lexington	800	Suffolk
075	Goochland	165/	Rockingham	810	Virginia Beach
077	Grayson	660	Harrisonburg	830	Williamsburg
079	Greene	167	Russell	840	Winchester
081/	Greensville	169	Scott		
595	Emporia				



PART II APPLICATION/PROCESSING

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PART II APPLICATION/PROCESSING (CON'T.)

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If the applicant is not present in the agency, agency staff must review the application on the day of receipt to determine the entitlement to expedited service processing. If the applicant did not sufficiently complete the application to allow the worker to do the expedited screening, the agency must attempt must to contact the household by telephone if a number is on the application. If the agency cannot contact the household within the seven days to obtain the necessary information, the EW must process the application under normal processing policies until further contact with the household allows a delayed screening for expedited processing to take place.

- b. The EW must complete the Food Stamp Program - Hotline Information form and provide it to **any household that files a new application, a reapplication, or a late recertification application.**

3. Subsequent Actions Required After Filing An Application

Once the agency receives an application, that contains at least the applicant's name, address and signature, the agency must complete the following actions as soon as possible:

- a. The agency must advise the applicant that the agency must conduct an in-office interview before certification. The agency must also advise the household of the interview scheduling hours for the agency.
- b. The agency must advise the applicant that the agency may waive the office interview. The EW must make the determination whether to grant or deny an out-of-office interview.

4. Withdrawing An Application

The household may voluntarily withdraw its application at any time before the determination of eligibility. The local agency must document the case file as to the reason for withdrawal, if the household provides a reason, and that the agency made contact with the household to confirm the withdrawal. If the household makes the withdrawal in person or submits a written note from a responsible household member, the agency needs no further confirmation. The agency must advise the household of its right to reapply at any time after the withdrawal. The EW must send the Notice of Action to deny the application.

5. Contacting The Wrong Locality

**Note: The case transfer procedures of Part XIV.A.8 do not apply to this section.**

If a household contacts the wrong local agency, the agency must give the household the address and telephone number of the appropriate office. The agency must also offer to forward the household's application by mail or courier to the appropriate office that same day if the household completed enough information on the application to file. The agency must offer to forward the application, by fax or other means, the next day as long as the application gets to the receiving agency the same day. The agency must inform the household that the filing date and the processing standards will not begin until the appropriate office receives the application.

If the household mails its application to the wrong office, the agency must mail the application to the appropriate office on the same day. The agency may forward the application the next day by fax or any other means as long as the application gets to the receiving agency the same day. The normal processing time standards described in Part II.F do not begin until the correct office receives the application, except when the Social Security Administration forwards the application and the household meets the expedited processing entitlement, as noted in Part II.H.2.b.

C. HOUSEHOLD COOPERATION (7 CFR 273.2(d))

If the household refuses to cooperate with the local agency in completing the application process, the EW must deny the application at the time of refusal. For the EW to determine that the household refused to cooperate, the household must be able to cooperate but clearly demonstrate that it will not take required actions that it can take to complete the application process.

Example

An applicant files an application. The EW notifies the applicant of the interview requirement and schedules an interview. The applicant must refuse the interview and not merely fail to appear for the interview in order for the EW to deny the application for refusal to cooperate.

If there is any question as to whether the household failed to cooperate or refused to cooperate, the EW must not deny the household for refusal to cooperate and the EW must assist the household, as appropriate.



The household will also be ineligible if it refuses to cooperate in any subsequent review of its eligibility, including reviews generated by reported changes and at recertification. Once denied or terminated for refusal to cooperate, the household may reapply but will not be eligible until it cooperates with the local agency. In addition, the household will be ineligible if it refuses to cooperate for a subsequent review of its eligibility as part of a quality control review. If the EW closes a household's case for refusal to cooperate with a quality control review, the household will not be eligible again until it cooperates with the quality control reviewer if the household reapplies before the end of the quality control reporting year (generally January 3), regardless of the original sample month.

The agency must not determine the household to be ineligible when a person outside the household fails to cooperate with a request for verification. The agency may not consider disqualified or ineligible people excluded from the Food Stamp Program as nonhousehold members. See Part VI.C.

D. INTERVIEWS (7 CFR 273.2(e)(1) and (3))

All applicant households, including those submitting applications by mail, fax, or electronically, must have face-to-face interviews with a qualified eligibility worker before initial certification and certification based on a reapplication. Interviews for recertification applications must occur at least once every twelve months. The individual interviewed may be the head of household, spouse, any responsible member of the household, or an authorized representative. For the purposes of this manual, responsible household member means a household member 18 years of age or older who has sufficient knowledge of the household's circumstances to provide any necessary information. The applicant may bring anyone to the interview as desired.

The certification interview must occur in the local agency food stamp office or other mutually acceptable site. The interview may take place in the applicant's home provided the EW arranges for the visit in advance as per Part III.A.3.

The interviewer must not simply review the information that appears on the application, but must explore and resolve with the household unclear and incomplete information. At the same time, the EW must make the applicant feel at ease. The interview must include:

1. An explanation of basic program procedures, including the local agency's and the household's responsibilities and the consequences, if these responsibilities are not met. This includes an explanation of the consequences of voluntarily quitting employment. This also includes an explanation of the issuance and use of food stamp benefits as outlined in Part I.C.

2. An explanation of the options available to the household and the advantages and disadvantages of each choice. This explanation must include the use of the utility standard or actual bills and the choice to have expenses averaged or counted only in the month billed.
3. An explanation of the household's rights.
4. An explanation that the agency may receive information through the Income and Eligibility Verification System (IEVS) or that the agency will access other computer systems. The agency will use and verify the information. Information that the agency receives may affect the household's eligibility and benefit level.
5. A discussion of appropriate collection actions for households that owe outstanding payments on claims.

In all instances, the agency must respect the household's right to privacy; the EW must conduct the interview as a confidential discussion of household circumstances. The scope of the interview may not extend beyond the examination of household circumstances that directly relate to the determination of household eligibility.

If an EW does not conduct the interview on the day the applicant files an application, the agency must schedule an interview. For applications and reapplications, the local agency must schedule interviews as promptly as possible to ensure eligible households receive an opportunity to participate within seven days, if expedited, or within 30 days after the household files an application. The agency should schedule the interview no later than 20 days after the application filing date for households that are not entitled to expedited processing. **The EW must allow households a minimum of 10 days to provide information after the interview is scheduled.**

If the household fails to appear for the scheduled interview, the local agency must send the household the *Request for Verification/Missed Interview* form on the day of the scheduled interview. The notice will advise the household that the household must reschedule the interview and that the agency will deny the application if the household does not reschedule the interview. The agency must deny the application on the 30th day after the application filing date if the household does not request another interview. If the household requests a second interview during the initial 30-day period, the agency must not deny the application. If the household is eligible for benefits, the agency must issue prorated benefits from the application date.

**The agency must not deny the application on the 30<sup>th</sup> day if the agency has not scheduled the interview before the 30<sup>th</sup> day. In addition, the agency must not deny the application on the 30<sup>th</sup> day if the agency has not allowed the household a minimum of 10 days after the interview to supply verification or needed information to process the application.**

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For agencies with walk-in systems for interviewing, the agency must assign a specific period for the applicant to appear for the interview if the applicant elects not to complete the interview on the day of the contact. The agency must schedule an interview even if the agency otherwise advises of the full range of interview hours available. As indicated above, the EW must send the *Request for Verification/Missed Interview* form to advise the household of the missed interview if the household does not occur when initially scheduled. The agency must deny the application on the 30th day after the application filing date if the applicant misses the interview and does not reschedule the interview. See Part IV.C.3 for interview time frames for the recertification process.

The agency may request a certified household appear for an in-office interview during the certification period in order to clarify the household's circumstances. The agency may not require an interview however. See Part XIV.A.2 for a discussion of the agency's required actions on changes.

E. WAIVER OF THE OFFICE INTERVIEW (7 CFR 273.2(e)(2))

The agency must advise applicants at initial contact with the agency that, under certain circumstances, the agency will waive the in-office interview and conduct a telephone interview or a prearranged home visit. The agency must waive the face-to-face interview on a case-by-case basis depending on individual household circumstances that include but are not limited to:

- a. illness
- b. care of a household member
- c. hardship due to residency in a rural area
- d. prolonged severe weather
- e. work or training hours during normal agency office hours
- f. situations where residents of shelters for battered women and children would be endangered if they were to leave the shelter
- g. transportation difficulties

In addition to the conditions listed above, the agency may waive the office interview for households whose members are all elderly or disabled.

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The local agency must determine if the reason for the request, e.g., transportation or other hardship, reported by a household, warrants a waiver of the office interview. The agency must document the case file if it grants or denies a request for a waiver.

The EW may waive the office interview at recertification without regard to the special circumstances listed above for households assigned certification periods of six months or less. A face-to-face interview must take place at least once every twelve months however unless the office interview waiver is appropriate.

Waiver of the face-to-face interview does not exempt the household from the verification requirements. The EW may allow the household to use special procedures, such as substituting a collateral contact for documentary verification if this would permit the household to provide verification in order to obtain its benefits in a timely manner.

Waiver of the face-to-face interview will not affect the length of the household's certification period.

F. NORMAL PROCESSING STANDARD (7 CFR 273.2(g)(1); 274.1)

The filing date of an application is the day the appropriate food stamp office receives an application. The minimal information an application needs is the applicant's name, address, and a signature by either a responsible member of the household or the authorized representative of the household. The local agency must provide eligible households that complete the initial application process an opportunity to participate, as soon as possible, but not later than 30 calendar days following the application filing date.

The 30-day processing standard from the application date does not apply however for residents of public institutions who apply jointly for SSI and food stamps before their release from the institution. For these applicants, the agency must provide an opportunity to participate as soon as possible, but not later than 30 calendar days from the date of release of the applicant from the institution.

The processing standards for households entitled to expedited service are in Part V. The processing standards for the recertification process are in Part IV.C.

The agency must assist households who have difficulty in accessing their food stamp benefits such as households comprised of elderly or disabled members, homeless households or those without a fixed mailing address. For example, the agency must assist an elderly person who is housebound in finding an authorized representative who might access the household's benefit account and shop for groceries on behalf of the household.

The agency may not impose application procedures or processing standards of other programs on food stamp applicants.

1. Opportunity to Participate (7 CFR 273.2(g))

A household must receive the EBT card, the agency must authorize benefits and the vendor must post authorized benefits to the account in order for the household to have an opportunity to participate timely. The agency must also factor in the receipt of the PIN, if the vendor mails the PIN, to determine if the household is able to participate timely.

Example

A household files an application on July 15. If the household is eligible, the agency must give the household an opportunity to participate by August 14. If August 14 falls on a Sunday, the EW must process the case by Wednesday, August 7 so that the household may receive the EBT card and PIN by Saturday, August 13. Additionally, the food stamp benefits must be posted to the EBT account.

2. Denying the Application (7 CFR 273.2(g)(3))

The agency must send a *Notice of Action* to deny an application if households are ineligible for benefits. The agency must send the denial notice as soon as possible, but not later than 30 days following the application date. Part XXIV contains a copy of the *Notice of Action* and instructions.

3. Processing Cases with Prior Participation in another Locality

When a household indicates on the application or during the interview that it had been certified in another locality or State, for either the month of application or the prior month, the EW must establish the household's current status with the prior agency. The EW must establish and document the effective date of case closure with the prior agency.

The new locality may not issue duplicate benefits for any months covered by the application if the agency can establish that the household or any of its members are still active in the prior locality.

For household members who are subject to the Work Requirement, the agency must address prior participation in another Virginia locality before certifying the members if the agency is aware of such participation. When households move from one Virginia locality to another, the Food Stamp Benefit Tracking Sheet or case information must be shared with the other agency to fully record participation.

Contacts with Other States

For applications filed by persons who are certified for food stamp benefits in another state, if otherwise eligible, the Virginia agency must issue benefits if the agency can establish that the household did not participate in the other state. If the agency is not able to establish whether a household or a household member participated in the other State, the agency must accept the household's statement regarding participation. If there is reason to consider a household's statement questionable, the agency must resolve the questionable information before the case is approved. For households entitled to expedited service however, the agency must postpone resolution of this questionable information so that benefit delivery is not delayed beyond the expedited processing time.

The agency must follow-up with the other state agency to determine if the household participated in the other area. Allow sufficient time for the agency to determine if the household participated in the other state. If duplicate participation occurs for any months in question, the Virginia agency must file a claim for any benefits that the household received while it also received benefits from the other state.

G. DELAYS IN PROCESSING

If the local agency does not determine a household's eligibility and provide an opportunity to participate within 30 days following the date the application was filed, the local agency must take the following action:

1. Determining Cause (7 CFR 273.2(h)(1))

The local agency must determine who caused the delay using the following criteria:

- a. A delay must be considered the fault of the household if the household failed to complete the application process even though the local agency took all required action to assist the household. The local agency is required to take the following actions before a delay can be considered the fault of the household:
  - 1) For households that failed to complete the application, the local agency must have offered, or attempted to offer, assistance in its completion.
  - 2) If one or more members of the household failed to register for work, as required in Part VIII.A, the

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local agency must have informed the household of the need to register and given the household at least 10 days from the date of notification to register these members.

- 3) In cases where verification is incomplete, the local agency must have provided the household with a statement of required verification and offered to assist the household in obtaining required verification, and allowed the household sufficient time to provide the missing verification. Sufficient time will be at least 10 days from the date of the local agency's initial request for the particular verification that was missing.
  - 4) For households that failed to appear for an interview, the local agency must have scheduled an interview within 30 days following the date the household filed the application. If the household failed to appear for the interview, and the household does not request that the agency reschedule another interview until after the 20th day but before the 30th day following the application filing date, the household must appear for the interview, bring verification and register members for work by the 30th day; otherwise, the delay will be the fault of the household. If the agency must allow the household additional time to provide information or verification, the delay will be the fault of the household. If the household failed to appear for the interview and requests another interview to occur after the 30th day following the date of application, the delay will be the fault of the household. If the household missed the scheduled interview and misses the one it requested, the household must request another interview and any delay will be the fault of the household.
- b. Delays that are the fault of the local agency include, but are not limited to, those cases where the local agency failed to take the actions described in items 1-4 above.
- c. In some situations, a case file is complete except for a household member's failure to comply with an eligibility requirement that results in disqualification for noncompliance (e.g. failure to register for work). In such situations the EW must:
- 1) Ensure that the household had at least 10 days to comply. If the household did not have that timeframe,

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consider the delay agency-caused and hold the application in pending status for an additional 30 days.

- 2) If an individual must be disqualified, instead of the entire household, process the case for the remaining household members. Consider the disqualification imposed with the effective date of the initial allotment. If the entire household must be disqualified (e.g., the head of the household failed to register for work, or the household simply has one member), extend the pending status of the case an additional 30 days, as client delay.

2. Delays Caused By The Household (7 CFR 273.2(h)(2))

If by the 30th day the local agency cannot take any further action on the application because of the household's delay, the household will lose its entitlement to benefits for the month of application. In addition to the loss of benefits for the month of application, the agency must prorate benefits from the date the household completes its final task for processing the application. The local agency, however, must give the household an additional 30 days to take any required action.

The local agency must send the household the *Notice of Action* to extend the pending status of the application so that the household will receive the notice by the 30th day. The notice must advise the household of the outstanding actions the household must take to complete the processing of the application. The agency does not need to take any further action, including sending an additional notice, after the agency sends the notice if the household fails to take the required action within 60 days following the application filing date.

The Local agency may include in the notice a request that the household must report all changes in circumstances since it filed its application.

If the household was at fault for the delay in the first 30-day period, but the agency finds the household eligible during the second 30-day period, the local agency must provide benefits from the day the household completes the final required action or provides the last verification. The household is not entitled to benefits for the month of application when the delay was the fault of the household. Once the household furnishes the information necessary to determine its eligibility, it is the agency's obligation to process the case during the second 30-day period.



For purposes of work registration, the agency must apply the exemptions in Part VIII.A.1 to individuals in categorically eligible households. Individuals who are not exempt from work registration are subject to the other requirements in Part VIII.A.

4. Application Processing for PA Cases

Once the TANF, Maintenance GR, or SSI application is approved, the household is categorically eligible if conditions of Part II.H.3 are met.

In order to determine if a household will be eligible due to its status as a PA household, the local agency may delay the food stamp eligibility determination within the normal timeliness standards of Part II.F. The processing delay may occur as long as the household is not entitled to expedited service processing and it appears to be categorically eligible but it might otherwise be denied due to factors which will not be relevant once the PA application is approved.

The agency must ensure that the denied application of a potentially categorically eligible household is easily retrievable. The Notice of Action to deny the food stamp application must inform the household to notify the food stamp worker if its PA benefits are approved.

The local agency must reevaluate any denied application, filed jointly, or pending simultaneously for food stamps and PA benefits, whenever the household requests it or the agency becomes aware of the household's approval for PA benefits. The local agency may not require the client to come to the office for another interview, but must use any available information to update the application that was denied. It is permissible to contact the client by mail or telephone to determine any changes in circumstances. If the applicant amends the application, the household must initial and date any changes, and re-date and re-sign the application.

Except for residents of public institutions who apply jointly for SSI and food stamps prior to their release from the institution, any categorically eligible household determined eligible for TANF, Maintenance GR, or SSI within the 30-day food stamp processing time must be provided benefits back to the date of the food stamp application. The agency may not provide food stamp benefits for a month a household is ineligible for PA benefits, unless the household is eligible for food stamps as a NA case.

Households that become categorically eligible after the food stamp application is denied or during the extended pending period are eligible for food stamp benefits retroactive to the PA benefit effective date or the food stamp application date, whichever is later. Residents of public institutions who apply jointly for SSI and food stamps before their release from the institution are eligible for benefits from the date of their release from the institution.

Examples

- a. A household files a joint application for TANF and food stamps on 11/15. The household has **bank accounts with balances that total \$4200**. Because of the difference between the TANF and Food Stamp Programs in the evaluation of **resources**, the household would be ineligible for food stamps as a NA household, but categorically eligible if TANF was approved.

- 1) Suppose TANF eligibility is determined on 12/4, with the first money payment issued for December.

Because the household was determined eligible for TANF within the 30-day food stamp application processing timeframe, and was not determined ineligible for TANF for November, the household is considered categorically eligible back to 11/15, the date of the food stamp application.

- 2) Suppose as of 12/15, **a determination on the TANF application has not been made because of exceptions to the 30-day TANF processing period**. The agency may deny the food stamp application on the 30th day, keeping it easily retrievable, or issue a *Notice of Action* to extend the pending for an additional 30 days while awaiting a decision on TANF eligibility.

TANF is approved on 12/20, with the first money payment issued for December.

The household is eligible for food stamp benefits retroactively to December 1, the first month the households receives **TANF** benefits. December 1 is the later of the effective date of the TANF approval or the food stamp application date.

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stamp benefits. The local agency must send a letter to the affected household and the authorized representative thirty days before the disqualification date.

This letter must include at a minimum:

- 1) The proposed action;
- 2) The reason for the proposed action;
- 3) The household's right to request a fair hearing (Note: The authorized representative being disqualified may not request a hearing. Only the household may do so.);
- 4) The telephone of the office; and,
- 5) If possible, the name of the person to contact for additional information.

This provision to disqualify an authorized representative is not applicable in the case of drug and alcoholic treatment centers and those group homes that act as the authorized representative for their residents.

5. Drug Addict/Alcoholic Treatment Centers (7 CFR 273.2(n)); 7 CFR 273.11) (e))

Narcotic drug addicts or alcoholics who regularly participate in a drug or alcoholic treatment program on a resident basis may elect to participate in the Food Stamp Program. The treatment center must be a private, nonprofit organization or institution or a publicly operated community mental health center, under Part B of Title XIX of the Public Health Service Act. See Part VII.C.2.

Residents must apply and be certified through the use of an authorized representative who must be an employee of and designated by the treatment center. The resident household, however, should assist in completing the application and should sign the application along with the authorized representative, prior to certification, if possible.

The treatment center representative will receive an EBT card on the household's behalf. The center must spend the food stamp benefits for food prepared by and/or served to the addict/alcoholic. The household may not directly access the food stamp benefits in his/her EBT account while residing in the treatment center. See Part VI.E for additional policies about residential treatment centers.

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6. Group Living Arrangements

Residents of public or private nonprofit settings for blind or disabled individuals may elect to participate in the Food Stamp Program. An appropriate agency of the state or locality must certify group living arrangements using regulations based on under Section 1616(e) of the Social Security Act.

Residents of group living arrangements may apply and be certified three ways:

- a. through the use of an authorized representative employed and designated by the facility;
- b. through the use of an authorized representative of the resident's own choice; or,
- c. on their own behalf.

If residents want to apply for themselves, the facility must determine if they are physically and mentally capable of managing their affairs.

In a single facility, there may be a combination of application methods used. For example, the facility may have some residents using authorized representatives and some applying on their own behalf.

The local agency must determine the eligibility of residents of group living arrangements who apply through the use of the facility's authorized representative as one-person households. Household composition provisions of Part VI.A will determine household size if residents apply on their own behalf.

See Part VI.E for additional policies about group living arrangements.

J. CERTIFICATION NOTICES (7 CFR 273.10(g))

1. Initial and Reapplications

The local agency must provide applicants with a Notice of Action as soon as the EW makes a determination on each application, but no later than 30 days after the date of the initial application or reapplication. The Notice of Action will inform an applicant household that its application has been approved, denied, or is to be held pending.

PART III

VERIFICATION/DOCUMENTATION

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A. VERIFICATION

Verification is the use of third party information or documentation to establish the accuracy of statements on the application **or Interim Report**. Households have at least ten days to provide required verification.

1. Mandatory Verification at Initial Application/Reapplication (7 CFR 273.2(f))

Local agencies must verify the following information before certification for households initially applying and for reapplications:

a. Residency

Applicants must provide the residency requirements of Part VII.B except in unusual cases, such as homeless households, some migrant farm worker households, or households newly arrived in a locality, where verification of residency cannot reasonably be accomplished. Verification of residency may be accomplished, to the extent possible, in conjunction with the verification of other information, such as, but not limited to, shelter expenses or identity. If the agency cannot verify residency when verifying other information, the agency must use a collateral contact or other readily available documentary evidence. Verification may include statements from migrant service agencies or camp officials, letters from the people with whom the household is staying, hotel check-in receipts, day care enrollment forms, and health clinic records for the family. The agency must accept any document or collateral contact that reasonably establishes the applicant's residency. Households do not have to provide a specific type of verification.

b. Identity

Applicant must verify the identity of the person making the application. When an authorized representative applies on behalf of a household, the agency must verify the identity of both the authorized representative and the head of the household. The agency may verify identity through readily available documentary evidence or, if this is unavailable, through a collateral contact. Acceptable documentary evidence includes, but is not limited to, a driver's license, work or school ID, ID for health benefits or assistance or social services program, a voter registration card, wage stubs, a Social Security card or card stub issued by the Social Security Administration (SSA), or a birth certificate. The agency must accept any documents that reasonably establish the applicant's identity. Households do not have to provide a specific type of verification.

For drug or alcoholic treatment center residents, the authorized representative may be the resident's collateral contact for purposes of verifying the resident's identity and residency.

c. Gross Nonexempt Income

The agency must verify gross nonexempt income for each household member before certification. The process of verifying income includes establishing the onset and termination of income.

d. Citizenship and Immigration Eligibility

The applicant must declare in writing the citizenship or immigration status of all household members. Immigrants must present documentation for local agencies to determine if they are eligible immigrants as defined in Part VII.F. To establish eligibility for immigrants, applicants may need to establish: 1) the date of admission; 2) the date INS granted the status; 3) a military connection; 4) battered status; 5) presence in the U.S. on August 22, 1996; 6) the number of work quarters; or 7) tribal membership. While awaiting acceptable documentation, the immigrant in question is ineligible, but the agency must determine the eligibility of any remaining members except in the instance when a member disputes the SSA report of countable work quarters to establish eligibility. The member may participate for six months during the SSA investigation. See Part VII.F.3.

The agency may verify the validity of an immigrant's documents through an automated or manual system for **the U.S Citizenship and Immigration Services (USCIS)**. The procedures for the Systematic Alien Verification for Entitlements (SAVE) Program verification system are in Appendix 2 of Part VII.

The agency must not verify the citizenship of household members unless the information provided by the household is questionable. See Part VII.F.4 for suggested forms of verification and the procedures to verify citizenship.

e. Shelter Expenses

- 1) Continuing Shelter Charges. The local agency must verify shelter expenses specified in Part X.A.4 other than utilities, if allowing the expense could potentially result in a deduction. The agency must not verify the shelter expenses of homeless households that qualify for the Homeless Shelter Allowance unless the claim is questionable. See Part X.A.7.



contact. The local agency is not required to use a collateral contact designated by the household if the collateral contact cannot provide accurate third party verification. When the collateral contact designated by the household is unacceptable, the local agency must ask the household to designate another collateral contact or the local agency must designate the collateral contact itself. The local agency is responsible for obtaining verification from acceptable collateral contacts.

The eligibility worker may contact only those persons designated as collateral contacts with the permission of the client. In the absence of documentary evidence and any other source of verification, the EW must determine the amount to use for certification purposes based on the best available information.

There may be instances when outside knowledge of an application for food stamps may jeopardize the employment or safety of the applicant. For example, an employer or a migrant worker's crew leader may discourage a household's participation in the Food Stamp Program. In such instances, the agency must determine that the crew leader and/or employer are unavailable as sources of verification.

C. DOCUMENTATION (7 CFR 273.2(f)(6))

The EW must document case files to support eligibility, ineligibility, and benefit level determinations. The documentation must be in sufficient detail to permit a supervisor or reviewer to determine the reasonableness and accuracy of the determination. The documentation must also indicate that the agency gave the household options to which the household is entitled. Documentation includes, but is not limited to, the following:

1. The reason for withdrawal of an application, if the household provides a reason and confirmation of the withdrawal. (Part I.B.4.)
2. Details regarding refusal to cooperate. (Part II.C.)
3. The reason the agency grants or denies a request for a waiver to the office interview. (Part II.E.)
4. The reason the EW considered information questionable and the information used to resolve the questionable information. This should include an evaluation of the household's actual expenses, if allowing the utility or telephone standard causes the expenses to exceed the income. This evaluation should address if there are unreported sources of income or resources when the income is insufficient to allow the household to meet its financial obligations. (Part III.A.2.)

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5. The reason the EW considered an alternate source of verification (a collateral contact or home visit) necessary. Note that in verifying residency, a collateral contact is a primary source of verification. (Part III.A.3.)
6. The reason the EW rejected a collateral contact and requested an alternate or why the agency designated the collateral contact. (Parts III.A.3 and III.B.)
7. A statement that the use of the standard utility allowance or actual utility costs was a decision made by the household. (Part X.A.)
8. Results of record/information systems reviews for pending applications. (Part III.B.)
9. An explanation as to why the household could not reasonably verify residency, e.g., the household has just recently arrived in the locality. (Part III.A.1.a.)
10. Whenever the agency must verify earned income, the EW must verify and document the rate and frequency of pay. The EW must determine the payment cycle and document on what day(s) the client receives pay and when the wages earned during a pay period are available.
11. The number of hours, period and place of employment or other activity used to regain eligibility for the work requirement. (Part XV.C.)

D. VERIFICATION AT RECERTIFICATION (7 CFR 273.2(f)(8))

At recertification, the agency must verify eligibility factors to determine a household's continued eligibility for food stamps and the amount of benefits to which the household is eligible. In most instances, the agency must verify only the elements that have changed since the last verification. The agency must not verify unchanged information unless the information is incomplete, inaccurate, inconsistent or outdated. The agency must verify all eligibility factors at least once in a 12-month period.

In addition to the verification requirements for recertification applications, the EW must monitor all available information systems for all household members as addressed in Part III.B.

Households must supply requested verifications to allow the EW to anticipate income and expenses properly for the new certification period. Generally, the EW must request information from the month before the last month of certification. For households that file recertification applications after the certification period ends or in

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the month before the last month of certification, the EW must request verification that reasonably will reflect the first month of the new certification period.

The following chart lists items the EW must verify at recertification.

Verification at Recertification

Earned Income	Verify amount.
Unearned Income	Verify changes in the source or the amount if changed by more than \$25.
Medical Expenses for a Household Member Who Is Eligible for Medical Deductions	Verify any previously unreported or recurring expenses if changed by more than \$25. Verify any expenses reasonably expected to be incurred in the certification period.
Actual Utility Expenses for Households Opting to Use Actual Expenses	Verify changes in the source or the amount if changed by more than \$25.
Dependent Care Costs	Verify changes in the source or the amount if changed.
Shelter Costs Other Than Utilities.	Verify changes in the source or the amount if changed.
Child Support Expense	Verify new obligation if the obligation changed. Verify the amount paid.
<b>Work hours or other work activity hours of an individual subject to the work requirement who is not receiving time-limited benefits because of a work activity</b>	<b>Verify that the weekly average is 20 hours or more for the number of hours an individual is working, participating in a work program, or involved in volunteer effort. Verify that the number of hours assigned for the FSET work experience component is met.</b>

In addition to the items above, the agency must **address** the following items:

- ♦ Change in alien status;
- ♦ Change in loans;
- ♦ Change in resources;
- ♦ Change affecting entitlement to utility and/or telephone standard;
- ♦ Identity of the person filing the recertification application if this person's identity had not previously been verified;
- ♦ Change in residency;
- ♦ **Newly obtained Social Security numbers**
- ♦ Incomplete, inaccurate, inconsistent or outdated items; or
- ♦ Questionable information, as defined in Part III.A.2.

**E. VERIFICATION DURING THE CERTIFICATION PERIOD**

The provisions of this chapter do not apply to verifications of changed elements reported through the Interim Report. See Part XIV.B.2.c. The verification requirements addressed here are not dependent on whether a household is required to report the change. The agency must address changes, as outlined in Part XIV.A.2, and may need to verify the information regardless of whether the household is required to report the change. See Part XIV.A.1 for reporting requirements.

**1. Impact on the Benefit Level**

During the certification period, households may need to verify information if household circumstances change. For changed information that is unrelated to the Interim Report, households must verify elements that cause an allotment to increase. The benefit amount for the first month after the change may reflect the reported change without verification, if the verification is unavailable.

The agency must obtain verification of the change before the household can receive the second issuance of benefits that reflects the change. If the household does not provide verification within 10 days of the verification request, the agency must change the allotment back to the original amount certified before the change was entered. The agency does not have to issue an advance notice if benefits revert to the original level because of the lack of verification if the previous notice so advised the household at the time of the increase.

For changes that result in a decrease in the amount of food stamp benefits or that cause no change in the amount of food stamp benefits, the agency must act on the change with or without verification of the change. If the agency does not verify the changed element at the time of handling the change, the agency must verify the element in conjunction with processing the Interim Report, if applicable, but not later than for the next recertification.

**2. Verification Requirements**

The agency must verify the following elements if changes are reported:

- Earned income. Verify the new amount.
- Unearned income if the source changed or the amount changed by more than \$25 since the last verification.

- Number of hours worked or performed for a work activity for persons subject to the work requirement.
- Voluntarily reported medical expenses if the amount changed by more than \$25 since the last verification. If the EW learns of a change in medical expenses, from a source other than the household, the EW must act on the change if the expense is verified upon receipt and if the EW can make the change without additional information or verification from the household. If the change requires additional information from the household, the EW may not act on the change during the certification period.
- Shelter expenses, including actual utility expenses, if the amount changed by more than \$25 since the last verification.
- Dependent care expenses if the amount changed by more than \$25 since the last verification.
- The legal obligation to pay child support or the amount actually paid.

In addition to verifying changed elements that may affect the benefit amount, the agency must address other changes when changes occur, but no later than at recertification, for elements such as:

- Residency
- Identity (if the person whose identity was verified is no longer a household member)
- Immigrant status
- Liquid resources
- Money received that is reported as a loan

The agency must request verification for any changes where the information provided is questionable, as defined in Part III.A.2, or for information that is incomplete, inaccurate, inconsistent or outdated. The local agency cannot require verification of other changes, except as indicated here, but the agency may seek clarification or explanations of the household's circumstances.

When attempts to verify mandated items are unsuccessful because someone outside the household fails to cooperate with the household or the local agency, the EW must determine the information to be used for food stamp purposes based on the best available information. The agency must explore alternate sources of verification available.

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**F. INCOME ELIGIBILITY VERIFICATION SYSTEM (IEVS) (7 CFR 273.2(f)(9))**

The Income Eligibility Verification System (IEVS) provides information by running matches of the client population against the files of other state and federal agencies. These include:

- the Social Security Administration for earnings information from the Benefit Exchange Earnings Records (BEERS);
- the Virginia Employment Commission for new hire information; and
- the Internal Revenue Service for unearned income, such as interest income (RES).

The purpose of the matches is to determine whether available information is known to local social services departments.

Information from IEVS matches is considered unverified. Prior to taking action to terminate, deny or reduce benefits, agencies must independently verify the amount of the asset or income involved, and whether the asset or income is or was accessible to the household.

The agency must obtain independent verification of information obtained from IEVS by contacting the household and/or the appropriate source of the income or resource. If the agency opts to contact the household, the contact must be in writing, informing the household of the information received, and requesting that the household respond within 10 days. If the household fails to respond in a timely manner, the agency must send an advance notice to terminate the case. The agency may contact the appropriate source of the information. Once independent verification is provided, either by the household or source, the agency must properly notify the household of the action it intends to take and provide the household with an opportunity to request a fair hearing prior to any adverse action.

received to count as a qualifying quarter. For this provision, public benefits are TANF, SSI, Medicaid and the Food Stamp Programs. **This provision also includes Nutritional Assistance Program benefits from Puerto Rico, American Samoa, and the Northern Mariana Islands.**

Quarters earned by the spouse of the permanent resident immigrant during the marriage, provided they are still married to each other, may be counted. Quarters earned by parents, including step- or adoptive parents, of a permanent resident immigrant before the alien turns 18, may be counted toward the qualifying minimum for the immigrant, including any quarters earned prior to a child's birth.

- g. Native Americans entitled to cross the border of the United States into Canada or Mexico. This group comprises persons born in Canada to whom INA Section 289 applies or members of an Indian tribe, as defined in Section 4(e) of the Indian Self-Determination and Education Assistance Act.
- h. Highland Laotians and Hmong tribe members who are lawfully residing in the United States and who were part of a Highland Laotian or Hmong tribe between August 5, 1964 and May 7, 1975 when such tribes assisted U.S. personnel. The unmarried dependent children, spouse, and the surviving spouse who has not remarried of tribal members are also eligible.

Immigrants who originally had refugee, asylum, Amerasian, or Cuban-Haitian designations or who had their deportations withheld (items a- e), but who subsequently gain permanent resident status, must continue to be certified for food stamps under the original designation. Note that after being in the country for five years, these immigrants will be eligible for food stamps indefinitely. See the conditional eligibility section below.

## 2. Conditional Eligibility of Immigrants

- a. The following categories of immigrants are eligible to participate in the Food Stamp Program provided they also meet a qualified category in subsection b:
  - 1. An individual who has been in the United States as a qualified immigrant for five years or more from the date of entry **in the country or from the date of a change in the immigration status.**
  - 2. Veterans with honorable discharges for reasons not related to alien status and persons who are on active duty in the Armed Forces of the United States, other than training. To be an eligible veteran, one must have served a minimum of 24 months or the period for

which the person was called to active duty. The term veteran includes military personnel who die during active duty served in the Philippine Commonwealth Army during World War II or as Philippine Scouts following the war.

The spouse or unmarried dependent child of a veteran or person on active duty is also eligible. The surviving spouse of a deceased veteran or of an individual who died while on active duty is also eligible. Eligibility of the surviving spouse is allowed provided the spouse has not remarried and that the marriage was for at least one year, or that they were married before the end of a 15-year period following the end of the period of military service in which the injury or disease was incurred or aggravated; or, that they were married for any period if a child was born of the marriage or was born before the marriage.

3. An individual who receives payments or assistance for blindness or disability, as defined in Definitions.
  4. An individual lawfully residing in the U.S. on August 22, 1996 and who was 65 years of age or older at that time.
  5. A child under 18 years of age lawfully residing in the U.S.
- b. A qualified immigrant is one who is:
1. a lawful permanent resident;
  2. a refugee admitted under INA Section 207;
  3. a person granted asylum admitted under INA Section 208;
  4. one whose deportation is being withheld under INA Section 243(h) or 241(b)(3);
  5. a parolee admitted under INA Section 212(d)(5) and the status is granted for at least one year;
  6. a conditional entrant admitted under INA Section 203 as in effect as of April 1, 1980;
  7. a battered spouse or child, as established by INS and the agencies providing benefits that a substantial connection exists between the battery and the need for benefits;



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8. a Cuban or Haitian entrant; or
9. an Amerasian immigrant.

3. Verification of Immigrant Status

Verification of immigrant status is mandatory for initial applications and as new household members are added. While awaiting acceptable verification, except as noted below, the immigrant whose status is unverified is ineligible but the eligibility of any remaining household members must be determined. The income and resources of the immigrant whose status is unverified is considered available in determining the eligibility of any remaining members, as described in Part XII.E. If verification of eligible status is later received, the agency must treat this as a reported change in household size.

Verification of the number of qualifying quarters to which an immigrant may directly or indirectly claim access for Food Stamp Program purposes will primarily be available from the Social Security Administration (SSA). Verification of the quarters of coverage may be accessed through the State Verification Exchange System (SVES). If verification is not obtained through SVES or in some instances, from SSA directly, or, if the SSA information is contested by the household or is incomplete, the household will be responsible for supplying proof of the amount of past wages to document the quarters earned. The SSA-Consent for Release of Information form must normally be completed for each person for whom the work history is needed. See Appendix 1 of this Part for the verification process and forms.

In instances when the number of countable quarters verified by SSA is in dispute, an immigrant will be allowed to receive food stamps for up to six months while working with SSA to resolve the issue.

As with other mandatory verifications, verification of immigration status may be postponed for households entitled to expedited service processing. However, the household member must claim to be of an eligible immigrant category before participation is allowed for the first month.

Documentation from the **U.S. Citizenship and Immigration Services (USCIS)** or other sources that the EW determines constitutes reasonable evidence of immigrant status is acceptable. If an immigrant does not have proof of the immigration status, the local agency must advise the household to contact **USCIS** to obtain verification. Forms G-845S and the Supplement in Appendix 2 of this Part may be used to obtain information from **USCIS** when evidence presented is not clear or the applicant cannot provide information.

Documentation provided by the household may be submitted to **USCIS** for validation through the Systematic Alien Verification for Entitlement Programs (SAVE) system. The SAVE procedures are outlined in Appendix 2 of Part VII. The use of SAVE is optional for food stamp eligibility determinations.

Immigration documentation includes, but is not limited to, the forms listed below.

- a. Resident Alien Card, Form I-551: This form, called the green card, is issued to immigrants admitted for permanent residence.

A foreign passport or **USCIS** documents, other than the I-551, will be acceptable proof of permanent residency if it has the endorsement: "Processed for I-551. Temporary Evidence of Lawful Admission for Permanent Residence. Valid until \_\_\_\_\_. Employment Authorized."

- b. Arrival - Departure Record, Form I-94: This form is issued by **USCIS** to persons who may or may not be eligible for food stamps. Eligible aliens with I-94s must have certain INA Sections or terms listed on the forms. INA Sections 207, 208, or 243(h) or terms, such as refugee or asylum, on the I-94 reflect eligible alien status.

- c. Employment Authorization Document, Forms I-688B or I-766: These forms are issued to persons who may or may not be eligible for food stamps.

The I-688B will be sufficient verification for these citations:

<u>Citation</u>	<u>Status</u>
274a.12(a) (1)	Lawful permanent resident
274a.12(a) (3)	Refugee
274a.12(a) (5)	Asylum
274a.12(a) (10)	Deportation Withheld

The I-766 will be sufficient verification if annotated with the following:

A3	Refugee
A5	Asylum
A10	Deportation withheld

- d. Documents such as the Employment Authorization Card, Form I-688A or the Fee Receipt, Form I-689 may be used with other verification to establish alien eligibility. These forms alone do not provide ample verification of eligible alien status.

SSA Quarters of Coverage Verification Procedures for Legal Immigrants

Individuals who are not citizens of the U.S. may be eligible for the Food Stamp Program if their immigration status is one of five classes. (See Part VII.F.1.) One of the eligible classes requires that the immigrant must be credited with 40 quarters of work. This appendix, in conjunction with the State Verification Exchange System (SVES) User Guide, contains the process for determining the number of qualifying quarters with which a household can be credited.

To determine the number of quarters available to an eligible immigrant household member, the EW must obtain answers to the following questions:

1. How long has the applicant, the applicant's spouse, or the applicant's parents (before the applicant turned 18) lived in this country?
2. How many years has the applicant, the applicant's spouse, or the applicant's parents (before the applicant turned 18) commuted to work in the U.S. from another country before coming to the U.S. to live, or worked abroad for a U.S. company or in self-employment while a legal resident of the U.S.?

*(If the total number of years to both questions is less than 10 years, the agency does not need to ask question 3 because the 40-quarter standard cannot be met.)*

3. In how many of the years reported in answer to question 1, did the applicant, the applicant's spouse, or the applicant's parent earn money through work?

*(To determine whether the applicant's earnings were sufficient to establish "quarters of coverage" in those years, the agency should refer to the income chart included in this appendix.)*

If the answer to question 3 is 10 years or more, the EW must verify, from **USCIS** documents or other documents, the date of entry into the country for the applicant, spouse and/or parent. If the dates are consistent with having 10 or more years of work, an inquiry through SVES must be made.

The applicant must complete the consent form by providing full name, social security number and date of birth of each individual (self, spouse, or parent) whose work history is relevant to the determination of eligibility. In addition, the applicant must provide a release form signed by each such individual, except deceased persons, giving the Social Security Administration (SSA) permission to release information through SVES on that individual to the agency and/or the applicant. The form must be retained in the case file to document the individual's consent. A consent form is valid for 12 months from the time of the signature.

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Information received through SVES will not report earnings for the current year and possibly not the last year's earnings. The household must provide verification of earnings through pay stubs, W-2 forms, tax records, employer records, or other documents, if the quarters of this period are needed to qualify for assistance.

If the household believes the information from SSA is inaccurate or incomplete, beyond the current two-year lag period, the household must be advised to provide the verification to SSA to correct the inaccurate income records.

In evaluating the verification received directly from the household or through SVES, the EW must exclude any quarter, beginning January 1997, in which the person who earned the quarter received benefits from the TANF, SSI, Medicaid or Food Stamp Programs. **This evaluation also includes benefits from the Nutritional Assistance Program from Puerto Rico, the Northern Mariana Islands, or American Samoa.**

In situations when consent to release information through SVES cannot be obtained from a parent or spouse for a reason other than death, information about quarters of coverage must be requested directly from the Social Security Administration. The applicant or EW must complete the Request for Quarters of Coverage (QC) History Based on Relationship form, SSA-513. The form must be completed to specify the period(s) for which the verification is requested. The completed form must be submitted to:

Social Security Administration  
P.O. Box 17750  
Baltimore, Maryland 21235-0001

When the SSA is unable to determine if a quarter should be allowed, the SVES inquiry will show "Z" or "#" codes. If an applicant cannot meet the 40-quarter minimum without using a questionable quarter, SSA will investigate the questionable quarter(s) and will either confirm or deny the quarter. Form SSA 512, Request to Resolve Questionable Quarters of Coverage (QC), must be used to resolve quarters before 1978. A copy of the SVES report must accompany the completed form. Form 512 must be submitted to the address above to the attention of the Office of Central Records Operations.

For questionable quarters for 1978 or later, the applicant must complete Form SSA-7008, Request for Correction of Earnings. This form is available at local SSA offices. The completed form, annotated on the top with "Welfare Reform", and proof of earnings must be submitted to:

Social Security Administration  
Office of Central Records Operations  
P.O. Box 17752  
Baltimore, Maryland 21235-0001

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## Establishing Quarters

The term "quarter" means the 3-calendar-month periods ending with March 31, June 30, September 30 and December 31 of any year.

Social Security credits (formerly called "quarters of coverage") are earned by working at a job or as a self-employed individual. A maximum of 4 credits can be earned each year.

Credits are based solely on the total yearly amount of earnings. All types of earnings follow this rule. The amount of earnings needed for each credit and the amount needed for a year in order to receive four credits are listed below.

Year	Quarter Minimum	Annual Minimum	Year	Quarter Minimum	Annual Minimum
1978	\$250	\$1000	1992	\$570	\$2280
1979	\$260	\$1040	1993	\$590	\$2360
1980	\$290	\$1160	1994	\$620	\$2480
1981	\$310	\$1240	1995	\$630	\$2520
1982	\$340	\$1360	1996	\$640	\$2560
1983	\$370	\$1480	1997	\$670	\$2680
1984	\$390	\$1560	1998	\$700	\$2800
1985	\$410	\$1640	1999	\$740	\$2960
1986	\$440	\$1760	2000	\$780	\$3120
1987	\$460	\$1840	2001	\$830	\$3320
1988	\$470	\$1880	2002	\$870	\$3480
1989	\$500	\$2000	2003	\$890	\$3560
1990	\$520	\$2080	<b>2004</b>	<b>\$900</b>	<b>\$3600</b>
1991	\$540	\$2160			

If a current year quarter is included in the computation, use the current year amount as the divisor to determine the number of quarters available.

For quarters earned before 1978:

- A credit was earned for each calendar quarter in which an individual was paid \$50 or more in wages (including agricultural wages for 1951-1955);
- Four credits were earned for each taxable year in which an individual's net earning from self-employment were \$400 or more; and/or
- A credit was earned for each \$100 (limited to a total of 4) of agricultural wages paid during the year for years 1955 through 1977.

## Social Security Administration Consent for Release of Information

TO: Social Security Administration

\_\_\_\_\_  
Name Date of Birth Social Security Number

I authorize the Social Security Administration to release information or records  
about me to:

NAME ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I want this information released because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(There may be a charge for releasing information.)

Please release the following information:

\_\_\_ Social Security Number  
\_\_\_ Identifying information (includes date and place of birth, parents' names)  
\_\_\_ Monthly Social Security benefit amount  
\_\_\_ Monthly Supplemental Security Income payment amount  
\_\_\_ Information about benefits/payments I received from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_ Information about my Medicare claim/coverage from \_\_\_\_\_ to \_\_\_\_\_  
specify) \_\_\_\_\_  
\_\_\_ Medical records  
\_\_\_ Record(s) from my file (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_ Other (specify) \_\_\_\_\_

I am the individual to whom the information/record applies or that person's parent (if a minor)  
or legal guardian. I know that if I make any representation which I know is false to obtain  
information from Social Security records, I could be punished by a fine or imprisonment or  
both.

Signature: \_\_\_\_\_

(Show signatures, names, and addresses of two people if signed by mark.)

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

The local agency must provide a work registration form to the applicant for each household member required to register and permit the applicant to complete the form for those members. Household members are considered to have registered when a completed form for that individual is received by the local agency.

If a household member **who is subject to the time-limited benefits of Part XV** loses his exemption status within the certification period because of a change in **the number of work hours**, that household member must register for work when the change is reported. If the change is reported in person by the household member required to register, the person must complete the work registration form at the time the change is reported, unless this is not possible, in which case the household member must return the form to the local agency within 10 days. If the change is reported in person by a household member other than the one required to register, the person reporting the change may complete the form at the time the change is being reported or deliver the form to the member required to register.

If the change is reported by phone or through the mail, the local agency is responsible for providing the participant with a work registration form. Participants will be responsible for returning the form to the agency within 10 calendar days from either the date the form was handed to the household member reporting the change in person, or the date the local agency mailed the form. If the household fails to return the form, the local agency must issue an Advance Notice of Proposed Action stating that either the household is being terminated or suspended, if the individual is the head of household or, that only the individual is being disqualified. The length of the disqualification period will be determined by the number of times an individual fails to comply with the requirements of Part VIII. See Part VIII.C for the disqualification periods.

Household members who lose their exemptions, due to a change in circumstances that is not subject to the reporting requirements of Part XIV.A, must register for work at the household's next recertification.

3. Method of Registration for Work

The method of registration will be accomplished as follows:

- a. Initial Application and Reapplication - complete an Employment Services Registration form for each nonexempt household member. The completed form is to be forwarded to the FSET worker within 5 days after the household is certified. A copy must be retained for the case file.

- b. Every twelve months thereafter - Complete an Employment Services Registration form for each nonexempt household member. The EW must forward the completed form to the FSET worker within 5 days after certification. A copy must be retained in the case file.
- c. Changes in Work Registration Information - The EW must submit the changes to the FSET worker within 30 days from the date the change becomes known to the EW. Such changes include informing the FSET worker that a client is no longer required to be registered.
- d. Recertification - At each recertification all household members must be evaluated to determine if the work registration exemption for the individual is still valid. Registration must occur if an individual is no longer exempted or if the 12-month prior registration period has ended. The exemption status must be revised if a different exemption exists.

4. Noncompliance with Work Registration and Employment Services Requirements (7 CFR 273.7(g))

- a. If an individual, other than the head of the household, as defined in Part VI.D, fails, without good cause, to comply with work registration or employment and training requirements, that individual will be ineligible to participate in the Food Stamp Program. The individual will be disqualified and the income and resources handled accordingly as per the related policies of Part VI.C.2 and Part XII.E of this Manual.

If the head of the household fails to comply, the entire household is ineligible to participate.

- b. Ineligibility of the individual or entire household will continue until:
  - 1) the individual becomes exempt from work registration, other than through the exemptions in Part VIII.A.1.c (PA ESP registrants) or Part VIII.A.1.f (unemployment compensation);
  - 2) the individual is no longer a member of the household although any new household containing the individual must be evaluated under Part VIII.A.4.e to determine whether a continuation of a sanction would be appropriate; or
  - 3) the sanction period expires, as outlined in Part VIII.C.



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A. RESOURCES (7 CFR 273.8)

Only liquid assets will count in determining the eligibility of households. Households must report all countable resources held by its members at the time of application and any the members expect to receive during the certification period. The eligibility worker must document the assets in sufficient detail to permit verification, if needed. The household's resources at the time of the interview will determine whether or not the assets are below the maximum allowable resource limit.

B. RESOURCE LIMITS

The household's total nonexempt resources (liquid and nonliquid) may not exceed:

- \$3,000 if the household has at least one member who is 60 years of age or older or a member who is disabled, as defined in Definitions.
- \$2,000 if the household does not have a member who is 60 years of age or older or one who is disabled, as defined in Definitions.

The resource limits do not apply to categorically eligible PA households or members. See Part II.H.3.

C. NONEXEMPT RESOURCES

Resources used to determine eligibility include:

1. Liquid assets, such as, but not limited to:

- a. Cash on hand.
- b. Money in accounts. "Account" means a contract of deposit of funds between a depositor and a financial institution. This includes checking accounts, savings accounts, certificates of deposit, share accounts (i.e., credit union accounts), or like arrangements.
- c. Stocks or bonds.
- d. Lump sum payments, such as income tax refunds, rebates or credits, lump sum insurance settlements, refunds of security deposits on rental property or utilities, retroactive lump sum SSA, Public Assistance, Railroad Retirement benefits, or other payments.

Lump sum payments also include gambling winnings, and accumulated vacation or sick pay of terminated employees received in one installment.

- e. Funds in a trust or transferred to a trust except as stated in Part IX.**D.9.d.**
- f. Funds held in individual retirement accounts (IRA), Simplified Employer Pension Plans (SEP) or KEOGH plans that do not involve the household member in a contractual relationship with individuals who are not household members. The countable amount of the IRA, SEP or includable KEOGH plan will be the total cash value of the account or plan, minus the amount of penalty (if any) that would be exacted for the early withdrawal of the entire amount in the account or plan.

KEOGH plans that involve more than one person will normally not count as a resource because they involve a contractual relationship with someone else. However, if the KEOGH plan will allow individual participants to make withdrawals without affecting the other parties in any way, then the household member's funds in the KEOGH will count as a resource. Also, if all parties in this type of KEOGH plan are members of the same food stamp household then the KEOGH will count as a resource.

- g. Earned income tax credits count two months after the month of receipt regardless of whether the payments were received as a tax refund or periodically throughout the year. Earned income tax credits are excluded as a resource for the month of receipt and the following month.

NOTE: When determining the amount of nonexempt liquid resources to count, especially bank accounts, do not consider any amount that would count as income for the same month.

#### Example

An applicant deposited his Social Security check into a checking account. The bank statement lists a deposit equal to the applicant's check. The resource amount of the checking account would be the account balance minus the amount of the deposit.

Presume that joint bank accounts belong to the parties in proportion to their net contributions during the lifetime of all parties. A joint account between persons married to each other belongs to each party equally (half and half) however.

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- o. Payments through the Department of Veteran Affairs to children of Vietnam veterans who are born with spina bifida (P.L. 104-204).
  - 14. HUD retroactive tax and utility cost subsidy payments issued pursuant to the settlement of Underwood v. Harris, for the month in which payment was received and the following month.
  - 15. Resources under a lien.
  - 16. Money in individual development accounts (IDA). These exempt funds may be in the form of a trust, trust account or a custodial account. The owner of the account must be a current or former TANF recipient or one who is ineligible for TANF as long as the person's income is less than 200 percent of the federal poverty guidelines. Funds in the account are exempt as long as they are not withdrawn. The account will remain exempt if the household withdraws the funds and uses the money to pursue post-secondary education, to purchase a house, to start a business or to meet an emergency need approved by the sponsoring agency. In Virginia, the accounts are called the Virginia Individual Development Account (VIDA) and Assets for Independence Account (AFIA).
  - 17. Money in an escrow account established by the Family Self-Sufficiency Program through the U.S. Department of Housing and Urban Development.
- E. HANDLING OF EXEMPT FUNDS (7 CFR 273.8(f))
- 1. Exempt funds kept in a separate and identifiable account from nonexempt funds remain exempt as a resource for an unlimited time.
  - 2. Exempt funds kept in an account along with other nonexempt funds remain exempt for six months from the date the funds are commingled. After six months from the date the funds are commingled, all funds in the commingled account shall be counted as a resource.

Example

A two-person household has a savings account with a balance of \$900. The household receives a payment of \$1,200 from the Individual and Family Grant Program (IFG) in January. If the household places the IFG funds in a separate and identifiable account, the IFG funds will remain exempt indefinitely. If the household deposits these funds in the savings account containing \$900, however, the IFG funds will remain exempt for only six

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months from the date they are commingled with the nonexempt funds. Therefore, if the funds are commingled in January, the total amount in the account as of July will count towards the resource level.

3. Funds exempted under Part IX.D.11 will retain the exemption as a resource for the full period over which they have been prorated as income, even if commingled with nonexempt funds.

Example

A self-employed farmer receives a \$1,000 payment that is prorated as income over 10 months. This money is deposited in the household's regular checking account with other nonexempt funds. Any portion of the payment that remains in the checking account will be exempt as a resource for the full 10-month period over which the income is prorated. After the 10-month period, any part of the payment remaining in the account with the nonexempt funds will count as a resource.

4. Where a resource is exempt because of its use by or for a household member, the exemption will also apply when the resource is used by or for a disqualified person whose resources count as part of the household's resources. This could include the work-related equipment essential to the employment of an ineligible alien household member or disqualified person, as allowed under Part IX.D.4, or burial plots for ineligible alien or disqualified household members, as allowed under Part IX.D.5.

**F. TRANSFER OF RESOURCES (7 CFR 273.8(i))**

At the time of application, households must provide information about any resources transferred during the three-month period immediately preceding the date of application. The EW must assess any resource transfer by a household member or disqualified person whose resources count to the household. If resources have knowingly been transferred during this period in order to qualify or attempt to qualify for food stamp benefits, the household will be disqualified from participation in the program for up to one year from the date of discovery of the transfer.

Example

A client transferred resources on November 20 to be eligible for food stamps. The household filed an application the following February 21. Since the transfer occurred more than three months before the application date, there would be no disqualification because of the transfer.

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Ownership of rental property is a self-employment enterprise; however, income derived from the rental property counts as earned income only if a household member actively manages the property for a minimum of 20 hours a week.

Payments from roomers and boarders counts as earned self-employment income.

3. Training Allowances and Work Investment Act

Training allowances from vocational and rehabilitative programs recognized by federal, State or local governments when they do not constitute a reimbursement. (See Part XI.F.) This includes, but is not limited, to vocational rehabilitation incentive payments.

Income received by individuals who are participating in on-the-job training programs funded through the Work Investment Act will be considered earned income. This provision includes on-the-job training programs funded under the National and Community Services Act, Americorps, the Summer Youth Employment and Training Program, and the Youthbuild Program. This provision, however, does not apply to household members under 19 years of age that are under the parental control of another household member, regardless of school attendance and/or enrollment as discussed in Part XI.F.8. See also Part XI.F.11.d.

4. Payments under Title I of the Domestic Volunteer Service Act of 1973

Payments under Title I (VISTA, University Year for Action, etc.) of the Domestic Volunteer Service Act of 1973 are considered earned income unless they are excluded from consideration. See Part XI.F.11.c.

5. Payments to Day Care Providers

Payments to day care providers for meals served to children, other than their own, funded by the School Lunch Act will be counted as earned income to the provider and not as a reimbursement. See Part XII.A.7 for allowable business costs.

6. Jury Duty Pay (PIRS 88-10)

Jury duty pay is countable earned income unless it meets the infrequent/irregular income or reimbursement policy of Part XI.F.4 or F.6.

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Use the following documents or records, generally available from the applicant, to verify the earned income of the household:

Pay stubs	Pay envelopes
Employee's W-2 Form	Wage tax receipts
State or federal income tax return	Self-employment bookkeeping records
Sales and expenditure records	

Verification from other sources might include:

Employer's wage records	VEC Office
Statement from the employer	State Income Tax Bureau

- D. SPECIAL INCOME OF MILITARY PERSONNEL (FNS Policy Memos 81-1, 81-5, and 81-13 and Admin Notice A-24-91)

Many members of the military receive special allowances that count in determining the eligibility and **benefit amount** of households containing such persons. Military personnel may receive the following allowances:

1. Basic Allowance for Housing (BAH)
2. Basic Allowance for Subsistence (BAS)
3. Clothing Maintenance Allowance (CMA)

These allowances will appear on the leave and earnings statement of military personnel. Evaluate the allowance as follows:

- a. BAH. This allowance provides uniformed service members with compensation for housing based on comparable civilian costs of housing. The BAH is based on civilian rental costs by pay grade, dependency status, and location. The household will receive one monthly payment. The housing allowance replaces the Basic Allowance for Quarters (BAQ) and the Variable Housing Allowance (VHA).

The BAH is considered as earned income for Food Stamp purposes. The household is also entitled to a shelter deduction. In some instances a person will receive a BAH and then have all or some of this amount deducted on the leave and earnings statement, because he or she lives on the base. Use the amount listed to compute the shelter deduction.

- b. BAS. With some exceptions, each member of a uniformed service who is entitled to basic pay is entitled to a BAS. An enlisted man is entitled to BAS, on a daily basis, when rations in kind

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- Title I - Payments to VISTA volunteers and participants of the University Year for Action and Urban Crime Prevention Program if the volunteers were receiving food stamps or public assistance when they joined the Title I program. This also includes payments to VISTA volunteers if the payment is less than the federal minimum wage.
  - Title II - This includes the Retired Senior Volunteer Program, Foster Grandparents, and the Senior Companion Program.
- d. Payments from programs funded in whole or in part under the Workforce Investment Act (WIA), except for on-the-job training programs funded through the WIA. Payments from on-the-job training programs under this section are considered countable earned income, except for persons under 19 who are under parental control of a household member. For such individuals, the on-the-job WIA payments are excluded.
- This exclusion includes projects conducted under the National and Community Services Act, Americorps, and the Summer Youth Employment and Training Program, as if the projects were conducted under the WIA. Payments made under the Youthbuild Program through the Housing and Community Development Act must also be treated like WIA payments (P.L. 97-300, 99-198, 101-610, 102-367, 102-550).
- e. Payments from the Community Service Employment Program under Title V of the Older Americans Act (P.L. 100-175). Some organizations that receive Title V funds are:
- **Experience Works (formerly Green Thumb)**
  - National Council on Aging
  - National Council on Black Aging
  - American Association of Retired Persons
  - U.S. Forest Service
  - National Association for Spanish Speaking Elderly
  - National Urban League
  - National Council of Senior Citizens
- f. Payments from private nonprofit charitable organizations, not in excess of \$300 per fiscal quarter, which are not already

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excluded as a lump sum resource. Any amount over the \$300 limit is counted as unearned income (P.L. 100-232).

- g. Payments under the Wartime Relocation of Civilians Act to certain U.S. citizens of Japanese ancestry and resident Japanese aliens and certain Aleuts (P.L. 100-383).
- h. Payments from the Agent Orange Settlement Fund or any other fund established for settlement of Agent Orange product liability litigation (P.L. 101-201 and P.L. 101-239.)

Payments to veterans with service-connected disabilities resulting from Agent Orange exposure are countable (P.L. 102-4).

- i. Payments under the Disaster Relief Act of 1974, as amended, and the Disaster Relief and Emergency Assistance amendments of 1988. The disaster or emergency must be a presidentially-declared disaster. The exclusion applies to federal payments and comparable disaster assistance provided by States, local governments and disaster assistance organizations (P.L. 100-707).

Most Federal Emergency Management Assistance (FEMA) funds are excluded, but payments made when there is no declared disaster or emergency, such as rent assistance for the homeless household, are not excluded.

- j. The value of any child care provided, arranged, or reimbursed under the Social Security Act through the block grant child care program (Section 6585, P.L. 102-586, as amended).
- k. Earned income tax credits (P.L. 101-508).
- l. Salary reductions for military personnel which are used to fund the GI bill (P.L. 99-576).
- m. The following payments to Indian tribes:
  - Income from certain submarginal land of the U.S. which is held in trust for certain Indian tribes (P.L. 94-114, Section 6).
  - Income from the disposition of funds to the Grand River Band of Ottawa Indians (P.L. 94-540).
  - Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation and the Apache Tribe of the Mescalero Reservation (P.L. 95-433, Section 2).

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PART XII

SPECIAL INCOME DETERMINATIONS

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The agency must send any reimbursement payments for food stamp benefits and a copy of the reimbursement request letter to:

U.S. Department of Agriculture  
Food and Consumer Service  
Mid-Atlantic Regional Office  
P.O. Box 953772  
St. Louis, MO 63195-3772

The agency must send a copy of the reimbursement request letter and reimbursement check to:

U.S. Department of Agriculture  
Food and Consumer Service  
Mid-Atlantic Regional Office  
300 Corporate Boulevard  
Robbinsville, NJ 08691-1598

Note that while a sponsor's obligation may be terminated for conditions noted in Section b. above, that termination does not relieve the sponsor or the sponsor's estate of the obligation to reimburse programs for the issuance of public benefits provided before the support agreement terminated.

Efforts to collect amounts issued to sponsored immigrants through the Food Stamp Program or other means-tested public benefits must be taken within 10 years of the date of the last issuance.

6. Awaiting Verification

If the information necessary to determine the amount of the sponsor's or sponsor's spouse's income and resources attributed to the immigrant, is not received or verified in a timely manner, the sponsored immigrant will be ineligible until all necessary facts are obtained. In addition, if questions arise about whether an immigrant has a sponsor, the date of entry, or the date of the adjustment of status, such questions must be resolved before food stamp eligibility can be established for the immigrant. The eligibility of any remaining household members must be determined. The income and resources of the ineligible immigrant (excluding the attributable income and resources of the alien's sponsor and sponsor's spouse) must be treated in the same manner as a disqualified member as set forth in Parts XI.G and XII.E, and considered available in determining the eligibility and benefit level of the remaining household members.

If the sponsored immigrant refuses to cooperate in providing and/or verifying needed information, other adult members of the immigrant's household will be responsible for providing and/or verifying the information required. If the household refuses to cooperate in this regard, the entire household is ineligible. If the information or verification is subsequently received, the local agency must act on the information as a reported change in household membership in accordance with the timeliness standards in Part XIV.A.

If the same sponsor is responsible for the entire household, the entire household is ineligible until the needed sponsor information is provided and/or verified.

D. HOUSEHOLDS WITH A DECREASE IN INCOME DUE TO FAILURE TO COMPLY WITH ANOTHER PROGRAM'S RULES

Food stamp benefits must not be increased when a household's benefits from another means-tested, publicly funded program are reduced, terminated, or suspended because of failure to comply with that program's requirements. Changes that are not related to the penalty imposed by the other program must continue to be reflected in the food stamp allotment, including adding household members who may be barred from receiving benefits from other public assistance programs. The public assistance income, as a penalty, must not be counted in the calculation for food stamp benefits if the public assistance case is closed at the household's request or for a reason other than noncompliance, regardless of prior case actions that may have been taken due to noncompliance.

Examples

1. A school bus driver's contract states he will receive \$7 per hour for 5 hours per day over the 180 day school year. The school board states the school year has 180 days. Since a total amount of income can either be derived from the contract or is readily available (7 times 5 times 180 equals \$6300 per year), the total income is annualized.
2. A school cafeteria worker's contract calls for \$7 per hour over the school year of 180 days, but the number of hours available is not indicated. The number of hours per day varies, and the school board cannot anticipate the number. The total amount of income for the contract period cannot be derived from either the contract or other information and, therefore, income is not annualized.

There may be instances in which a contract is initiated for a partial year after the start of the normal contract period. In these instances, the income must be prorated over the partial contract period in the same manner as if the person was hired for the entire contract period.

Example

A contract for a school employee is entered into in January. The regular contract period is September - June. Income for food stamps would normally be prorated from September through August. For this partial year, the income must be prorated from January through August.

2. Adjustments to Annualized Amounts

In those cases where a contract specifies a set amount over the contract period, plus additional monies of an uncertain amount if additional work is available and done, only the base contract amount is annualized. Additional monies earned over and above the base contract are counted as income when they can be anticipated. The EW must explore with the household the past receipt of such income and whether the person is receptive and therefore available for the extra employment. In some instances, the pattern of past receipt of extra earnings may suggest that such money should be anticipated.

Example

A school bus driver's contractual amount is \$6300 per year. However, the driver can earn an extra \$10 per trip driving for special school functions. \$6300 divided by 12 equals 525 per month to count as income from the contract.

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Suppose in March the client earns an additional \$40 driving to basketball games. He reports receipt of this income to the agency. No additional money is expected because no other trips are currently planned and his work history shows that no special trips occur after the basketball season. The annualized contract amount of \$525 is the only income considered for future months.

In those cases where a contract calls for no pay for those days not worked, income averaging over a 12-month period is still appropriate. If it can be anticipated at the time of certification that certain days will be missed, the salary for these days should not be counted. Otherwise, the income calculation is to be based on the maximum salary. The household may then inform the local agency as days are missed. The average will then be adjusted for the remaining months.

#### Example

A school bus driver's contract states that he will receive \$1250 for the year, but that he will not be paid for days the school is closed or for days he is sick. When he applies on March 10, he has already missed three days for snow in the contract year and he was sick for two days. The contract reads that \$10 will be deducted for each day not worked. The household is certified with income of \$100 per month ( $\$1250 - \$50 = \$1200 \div 12 = \$100.00$ ).

On April 5, the household reports that another two days have been missed, which were not anticipated at the time of certification. The household's food stamp income is then adjusted to \$98.33 ( $\$1200 - \$20 = \$1180 \div 12 = \$98.33$ ).

With the effective date of the next contract, the maximum income from that contract will be averaged over the year, less the income for any anticipated absences.

It will also be necessary to adjust the average if the contract amount changes during the contract period as a result of an increase in salary. As in the situation above, the average is adjusted for the remaining months of the annualized period.

#### Example

A school employee signs a contract which states that he will receive \$3600 per year. The contract runs from September through June. Thus, \$300 is assigned to each month in the year, beginning in September. Effective in

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January, the employee reports that his salary was increased to \$4800 per year. Now, \$400 is assigned to the months remaining in the contract period ( $\$4800 \div 12 = \$400$ ).

3. Termination of Annualized Income

If no further income from the same source is expected, contract income that has been annualized is considered terminated as of the last month included in the annualization.

Example

A contract school employee is paid \$6,000 over the ten months in the school year, September through June. She grosses \$600 in each of the 10 months. She does not plan to work for the school board in the next school year.

The Food Stamp worker annualizes the income over the year September through August, and counts  $\$6,000 \div 12 = \$500$  per month.

Should the employee apply in June, her income is not considered terminated in June, even though June is the last month she receives a pay check. The income is terminated in August, the last month included in the annualization.

Income that is interrupted within the contract period is considered terminated the month the change in contract employee status occurs.

Example

A school employee quits in February. The agency annualized her contract income and assigned income to the months September through August. The income will no longer count for February

Self-employment income that has been annualized is considered terminated as of the month the person terminates the self-employment enterprise.

G. WAGES HELD BY AN EMPLOYER

Wages held by an employer at the request of the employee will count as income to the household for the month the wages would otherwise have been paid by the employer. Wages held by the employer as a general practice

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will not count as income to the household even if it is in violation of law. Held wages will count if the household expects to ask for and receive an advance, or expects to receive income from wages that the employer previously held as a general practice. This income will count as long as the local agency did not previously count the income.

Advances on wages count as income in the month received only if the EW can reasonably anticipate the receipt of the income as defined in Part XIII.A.3. Conversely, when an employer withholds wages to repay an advance that previously counted as income in a food stamp determination, the wages withheld will not count as income.

#### H. TRANSITIONAL BENEFITS FOR FORMER TANF RECIPIENTS

Transitional Benefits allow food stamp benefits to continue in a frozen amount for a brief period while former TANF recipients adjust financially to the loss of the TANF grant. At any time during the Transitional Benefits period, the household could decide to reapply and receive a regular food stamp allotment.

##### 1. Transitional Benefits Eligibility

When a TANF case closes, the EW must convert the food stamp case to Transitional Benefits unless the food stamp household is ineligible for Transitional Benefits or the household requests closure of the food stamp case.

Transitional Benefits will apply to any food stamp case:

- if at least one household member is the Case Name or Payee for a TANF case that closed and
- with a closed TANF case.

Transitional Benefits will not apply if:

- **there is no active case certified to receive food stamp benefits at the time of the action to close the TANF case;**
- the TANF case has a suspended status, regardless of the reason for the suspension;
- the TANF case closed because of noncompliance with TANF Program rules that results in a sanction or disqualification of the TANF benefits;
- the household requests to remain in the regular Food Stamp Program before the switch to Transitional Benefits occurs.



- **the TANF case is closed after discovery that the case was approved in error;**
- the food stamp case or members have a sanctioned or disqualified status because of noncompliance with Food Stamp Program rules; and,
- the TANF case closed because of the household's failure to renew its eligibility at the end of the certification period.

## 2. Calculation of Benefits

Households will receive benefits during the transitional period based on the circumstances that existed at the time of the TANF case closure. In instances where the TANF case is connected to the food stamp case, ADAPT will recalculate food stamps to subtract the TANF grant amount from the food stamp calculation for the month of the TANF case closure. In other instances, the EW must recalculate the benefits. The calculations must reflect the removal of the TANF grant amount **and the TANF Match payment for child support received. The calculations** must not include a substitution of the TANF amount with any new income amount that may have caused the TANF case closure. The EW must leave all other eligibility factors in place, including income, deductions and household composition.

The EW must not reflect any changes in the food stamp allotment during the Transitional Benefits period. As the agency discovers changes or the household reports changes in its circumstances, the EW must act on those changes for food stamps but override any system recalculations of the allotment to reflect the "frozen" amount as calculated above. In instances where household members leave the household and subsequently apply in another food stamp household, the EW must delete the household members who are in another food stamp household and adjust the allotment for the new household size. In other words, during the Transitional Benefits period, except for household composition changes to delete members to prevent duplicate participation, the EW must not adjust benefits to reflect changes.

Households receiving Transitional Benefits will not be entitled to adjusted benefits through a mass change if a mass change occurs during the Transitional Benefits period.

## 3. Transitional Benefits Procedures

The Transitional Benefits period will be for five calendar months after the effective date of the TANF case closure. The certification period for Transitional Benefits cases will be five

months. The EW must adjust the original certification period to lengthen or shorten the period so that the certification period will be five months.

The EW must provide the household with a Notice of Action to notify the household of the revised benefit amount and new certification period. The agency must send the Notice of Expiration before the last month of the new certification period to notify the household to reapply for benefits in order to continue to receive food stamp benefits.

Households that receive Transitional Benefits are not required to report changes in their circumstances for the Food Stamp Program **except a change of address**. These households are not subject to the Interim Reporting requirements as addressed in Part XIV.

4. Ending Transitional Benefits

- Eligibility for Transitional Benefits will end the month after **an application for TANF benefits is filed** if the household reapplies for TANF assistance. **The EW must provide an adequate notice for the closure. The application will be treated as an application for food stamp benefits unless the household elects not to apply for food stamps.**
- Eligibility for Transitional Benefits will also end as soon as administratively possible if a TANF case is reinstated because of the household's request for continued benefits for a timely-filed appeal. The food stamp case must be changed to reflect the original certification period and calculations that existed before the conversion to Transitional Benefits. The EW must provide an adequate notice.
- Transitional Benefits will end as soon as administratively possible when the household requests closure of the case. The EW does not need to send a notice to the household if the request is made in writing or in person. The household must reapply for food stamp benefits to receive additional benefits.
- Transitional Benefits will end when a household moves from Virginia. The EW does not have to provide either an advance or an adequate notice.

to the next, amounts from additional months may be needed to determine a representative amount to be used. The EW must document the decisions made.

If income fluctuates so much that the prior calendar month cannot by itself provide an accurate indication of anticipated income, a longer period of past time may be used if it will provide a more accurate indication of fluctuations in future income. The number of months used to arrive at an anticipated amount need not be the same as the number of months in the certification period.

If the household's income fluctuates seasonally, it may be appropriate to use the most recent season comparable to the certification period, rather than the calendar month prior to the month of application, as an indicator of future income. However, the EW should use caution in using income from a past season as an indicator of income now, since in many cases of seasonally fluctuating income, the income also fluctuates from one season in one year to the same season in the next year.

Past income may not be used as an indicator of future income when changes in income can be anticipated.

Whenever income is anticipated for every pay period in a month and it is received on a weekly or biweekly basis, the EW must convert the income to a monthly amount by multiplying weekly amounts by 4.3 and biweekly amounts by 2.15. If the household will receive less than a full month's pay, or if less than a full month's pay is to be counted for Food Stamp purposes, either the exact amount of income, if it can be anticipated, or an average per pay period times the actual number of pays, can be used.

Pay received on a daily basis must be converted to a weekly or biweekly amount and then converted to a monthly amount by multiplying the weekly amounts by 4.3 and the biweekly amounts by 2.15.

Reported changes are reflected according to the timeliness standards in Part XIV.

#### B. EVALUATING EXPENSES (7CFR 273.10(d))

An expense is defined as a service provided by someone outside of the food stamp household for which a money payment is made. If a deductible expense is covered by an excluded reimbursement, as defined in Part XI.F.6, or is paid by a vendor payment, as defined in Part XI.F.3, no deductions will be given with the exception of certain energy assistance payments, as described in Part X.A, and any payments that are also personal loans.

Methods of evaluating expenses are described below.

1. As billed - The expenses considered in determining shelter or dependent care costs are to be allowed only for the month the expense is billed or otherwise becomes due, regardless of when the household intends to pay **or actually pays** the expense. **Expenses paid in advance are allowed in the month the expense would have been due.** Amounts carried forward from past billing periods cannot be allowed as a part of the cost of shelter or dependent care even if included with the most recent bill.

Expenses incurred more frequently than on a monthly basis must be converted to a monthly amount by considering 4.3 weeks in a month or by considering the actual amount billed during the month.

Example

A household buys coal by the bag every 3 days, at \$3.00 per bag. By considering 4.3 weeks in a month, the expense is computed as follows:  $7 \div 3 = 2.33$  bags per week  $\times 4.3 = 10.02$  bags per month  $\times \$3 = \$30.06$ .

By considering the actual amount billed during the month, the expense is computed as follows: 10 bags purchased  $\times \$3 = \$30.00$ .

2. Averaged - Expenses which fluctuate from month to month and those which are billed less frequently than on a monthly basis can be averaged over the period of time the expense is intended to cover and reflected in the allotment calculation for those months. The certification period assigned would have no effect on the months in which the allowance is given. A one-time only expense can be averaged over the entire certification period.

Example

A household presents an oil bill of \$250. The oil was received in December and is expected to last until February. The expense of \$250 is averaged over 3 months, and \$83.33 is assigned to the months of December, January, and February and reflected in the allotment calculations for those months.

The household must be given the opportunity to choose between having expenses averaged or counted as billed.

3. Anticipated - Expenses for which the household anticipates to be billed during the certification period shall be allowed. These expenses can be treated as billed or averaged over the period the bill will cover. For example, if the household anticipates a bill

- c. Expected rate of payment. Many persons make regular payments on large medical bills over a period of months or years. If regular payments on medical bills are arranged before the bill is overdue these may be allowed as medical deductions in the month the installment payment is due. (PIRS 81-27)

Example

In January, a new applicant reports an ongoing medical expense of \$50.00 per month. This is a payment on a hospital bill of \$1,000.00 that was incurred six months earlier. The client arranged the \$50 per month installment payment before the bill was considered past due. A balance of \$700.00 remains due. The expected rate of pay of \$50 per month may be allowed.

- d. Anticipated expenses

Allowable medical expenses which the household expects to incur during the certification period may be deducted. Reasonable estimates of the expected expense will be allowed for the certification period. The household is not required to report or verify further the actual expenses when it is incurred. An anticipated expense, for which adequate verification has been provided at certification, may be averaged over the certification period or allowed as a one-time expense.

C. COMPUTATION OF NET INCOME AND BENEFIT LEVEL

All households, except elderly and disabled households as described in Part XI.A, must pass gross income prescreening. All households must meet net income eligibility standards.

Monthly gross and net income amounts are determined in the following manner:

- Step 1 List the household's total gross earned income. Include the total net income from self-employment enterprises (gross income from self-employment minus the allowable costs of doing business).

Note: Farm and fishing self-employment losses may be offset against other income. Subtract the farm or fishing loss from non-farm/fishing self-employment income. If the non-farm/fishing gain is greater than the farm or fishing loss, offsetting is complete. Apply this result toward the gross income total.

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If the farm or fishing loss is greater than the non-farm/fishing gain, or if there was no non-farm/fishing self-employment income in the household, the negative balance of the calculation gain minus loss, or the farm or fishing loss will be applied against the adjusted gross earned and unearned income total.

- Step 2 List the household's total gross unearned income.
- Step 3 Total the adjusted earned income amount with the unearned income amount.
- Step 4 Subtract the excess farm or fishing loss, if any, from Step 1.
- Step 5 At this point, all households, except elderly, disabled or categorically eligible ones, must pass gross income eligibility limits listed in Part XI.A. For elderly, disabled and categorically eligible households, and for all other households that pass gross income prescreening, continue the calculation in order to apply appropriate deductions to the case.
- Step 6 Subtract the earned income deduction. Compute the earned income deduction by multiplying the combined net self-employment and gross earned income figures by 20%.
- Step 7 Subtract the standard deduction **appropriate for the number of eligible members in the household.** (Part XI.A.1)
- Step 8 Subtract dependent care costs. Do not exceed the maximum amount allowed. (Part X.A.3)
- Step 9 Subtract legally obligated child support payments made by the household. (Part X.A.6)
- Step 10 Subtract the shelter allowance for homeless households that incur or expect to incur shelter expenses during the month. No other shelter costs may be allowed (Step 12) if the shelter allowance is used.
- Step 11 List medical expenses of members eligible for this deduction. Compute the medical deduction by totalling the expenses and subtracting \$35. (Part X.A.5)
- Step 12 The remaining figure is the adjusted net income. To compute the shelter deduction, compare shelter expenses to half the adjusted net income. If shelter expenses exceed half the adjusted net income, the excess shelter expenses can be allowed as a deduction under these guidelines:

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- a) If the household does not contain an elderly or disabled member, the excess shelter expense cannot exceed the maximum deduction for shelter (Part X.A.4);
- b) If the household contains an elderly or disabled member, any amount of excess shelter expense can be allowed as a deduction.

**Step 13** Subtract the shelter deduction from the remaining income to determine the net income.

**Step 14** Round down to the nearest whole dollar amount if the net income amount ends in 1-49 cents. If the net income amount ends in 50-99 cents, round up to the nearest whole dollar amount.

Eligibility and benefit amounts are based on the net income. See Part XI.A for allowable net income standards and Part XXIII for the benefit amounts for each household size.

**D. PRORATION OF BENEFITS (7 CFR 273.10(a))**

The benefit level for the household for all applications, except timely filed recertification applications, will be based on the day of the month the household applies for benefits or, in some instances, the day the household supplies needed verifications or takes required actions. The date of application for persons in public institutions jointly applying for SSI and food stamps prior to release from the institution will be the day the person is released from the institution. Using a 30-day calendar, households will receive benefits prorated from the day of application, the day of eligibility, or the day actions/verifications are provided to the end of the month. (A household applying on the 31st day of a month will be treated as if it applied on the 30th day of the month.)

After using either table described below to determine the allotment, the worker must round the product down if it ends in \$.01 through \$.99. If this computation results in an allotment of less than \$10, then no issuance will be made for the initial month however, this month will count as the first month of the certification period. This policy applies to all eligible households, including one- and two-person households who otherwise would be entitled to a minimum allotment of \$10.

**1. Initial Month Benefits**

The initial month of application for the purposes of proration is defined as:

- a. The first month in which a household applies for benefits in a Virginia locality; or

- b. The first month in which a household files a reapplication for benefits, as defined in Definitions.

Examples

- 1) A household applies on July 15. The application is denied for July but approved for August. The application is processed within the initial 30-day period. The household must be given a full month's benefits for August.
  - 2) A household's certification period ended June 30. The household reapplies on August 15. The application is approved on August 20. Benefits for August would be prorated because August is the "initial month of application" as defined above.
- c. The first month after the 30<sup>th</sup> day in which an applicant household supplies any remaining verification or finally takes action needed to process the application.

Example

A household applies on July 15. The household fails to submit verifications or to take actions until August 20, 36 days after the application date. The household caused the processing delay so benefits must be prorated from August 20.

- d. The first month in which a household files an application for benefits following the end of the last certification period.

Example

A household's certification period ends June 30. The household files another application on July 15. If the household is determined eligible, benefits for July must be prorated.

NOTE: For migrant or seasonal farmworker households, the initial month's benefits will not be prorated if the household has participated in the Food Stamp Program anywhere within the 30 days prior to the date of application.



PART XIV

HANDLING CHANGES

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## A. CHANGES DURING THE CERTIFICATION PERIOD

When changes occur within the certification period that affect the household's eligibility or the amount of the benefit allotment, the agency must act to adjust the household's benefit level. The responsibility for changes lies with both the recipient household and the local agency. The household must report certain changes in income and household status; the local agency must act to make adjustments in entitlement and benefit level based on reported changes and for changes the agency initiates. Unless prohibited, certified households must file an Interim Report about their circumstances during the certification period.

1. Changes that Must Be Reported

Certified households must report the following changes in their circumstances:

- a. A new physical or mailing address.
- b. When the total income exceeds the gross income limit based on household size at the time of certification, the Interim Report evaluation, or a change reported during the certification period. The income limits are:

Household Size	<u>Income Limits</u>			
	Monthly Amount	Weekly Amount	Bi-Weekly Amount	Semi-monthly Amount
1	\$ 973	\$226.28	\$ 452.56	\$ 486.50
2	1,313	305.35	610.70	656.00
3	1,654	384.65	769.30	827.00
4	1,994	463.73	927.45	997.00
5	2,334	542.80	1,085.59	1,167.00
6	2,674	621.87	1,243.73	1,337.00
7	3,014	700.94	1,401.87	1,507.00
8	3,354	780.00	1,560.00	1,677.00
Additional members	+ \$341	+ \$79.31	+ \$158.61	+ \$170.50

- c. Persons exempt from time-limited benefits of the Work Requirement because they are working for an average of 20 hours per week must report when their work hours fall below 20 hours weekly.

Households that receive benefits through the Transitional Benefits component for former TANF recipients do not have to report changes except changes in their address.

Households must report the changes listed above within 10 calendar days from the date the household knows of the change or, at the

latest, 10 days into the next month after the month the change occurs. The 10-day reporting period will begin the day the household knows of the change. If the household is uncertain of the exact date or amount of the change, then the 10-day reporting period will begin the day the change occurs.

The household may report a change on the Change Report Form, by telephone, by personal contact, by mail, or electronically. The household may also report a change of its circumstances with the filing of the Interim Report. A household member, an authorized representative, or any person having knowledge of the household's circumstances may report the change to any staff member of the local agency. When the household reports the change by mail, the report will be timely as long as the postmark of the letter is within the required 10-day period regardless of when the local agency receives the information.

During the interview, the EW must advise an applicant of the responsibility to report changes within the required period and of the changes the household must report. The EW must provide the household the telephone number of the food stamp office and, if necessary, a toll-free number or a number for accepting collect calls from households outside the local calling area.

The local agency must provide the Change Report Form to each household at initial application and reapplication. Additionally, the local agency must provide the form at recertification, if the household needs another form, and whenever the household returns a form. The EW must discuss use of the form with the household during the interview.

An applying household must report changes related to its Food Stamp eligibility and benefits at the certification interview. The household must report the changes noted at the beginning of this chapter that occur after the interview but before the date of the Notice of Action to approve the case within 10 days of the date of the approval notice.

2. Local Agency Action on Changes (7 CFR 273.12(c), 273.2(f))

Except when households receive Transitional Benefits for former TANF recipients, the agency must act promptly to terminate or to adjust benefits when changes in household circumstances are reported by recipient households, **including information about an impending change reported at application/renewal**. For Transitional Benefits cases, the EW must input changed information in ADAPT during the Transitional Benefits period but grant benefits in the frozen amount calculated when the TANF case closed by using the override feature of ADAPT. (See Part XII.H.)

**The food stamp case must reflect the following changes:**

- **changes reported by the household;**
- **changes put into ADAPT to meet reporting or policy requirements of another program;**
- **changes to prevent duplicate participation; and**
- **changes that are considered verified upon receipt, such as information about the removal of a child from the home by a foster care worker or information from a drug treatment center that says a client moved.**

**Other information may become known to the agency through other means than listed above. If the change is one that the household was required to report, the agency must act on the information. If the change is a change that was not required to be reported, the agency must hold the information and evaluate it at the next interim report or renewal, whichever comes first.**

The Appendix to this chapter contains charts that outline the procedures for handling changes reported or discovered during the certification period.

The agency has 10 days from the date the agency learns of the change to act on the change. When the reported change requires a reduction, termination or suspension of benefits, the EW must issue an advance notice within 10 calendar days, beginning with the date the agency receives the change, unless one of the exemptions for mailing the notice in Part XIV.C is applicable. In these cases, depending on the change, the agency must send an adequate notice if a notice is required at all.

Part III.F contains required agency actions needed in response to information obtained through IEVS. The household or the source of information must verify unverified information received through IEVS. If the agency opts to obtain verification from the household, the agency must request the information in writing and allow the household 10 days to respond. The agency must send an advance notice to terminate the case if the household fails to respond timely.

If the household reports the addition of a new member, that person may not be included in the allotment until the agency knows the income and resource information about the individual.

#### Required Supplemental Allotments

If the reported change requires an increase in the household's benefits, the change must be reflected no later than the first allotment issued ten (10) days after the date the change was

reported. However, if the increase in benefits is a result of the addition of a new household member, or is the result of a decrease of \$50 or more in the household's gross monthly income, the agency must reflect the change no later than the month following the month in which the change was reported. If it is too late in the month to adjust the upcoming month's allotment, it will be necessary to issue a supplementary allotment by the 10th of the upcoming month.

#### Voluntary Supplemental Allotments

At its option, the local agency may give supplemental for individual household changes in the month of the changes. The agency may not give supplemental allotments for household composition changes. The agency may give supplemental allotments for income reductions or increased shelter, medical or dependent care expenses.

If the agency opts to provide supplements, the agency must give the supplements for all similar situations, e.g., medical expenses more than \$100, loss of income or income reductions of \$200 or more, etc.

#### Changes and Verification

**Households may need to verify information that changes during the certification period. See Part III.E for a discussion of verification requirements for changes unrelated to the Interim Report process. See Part XIV.B.2.c for a discussion of verification requirements for changes related to the Interim Report.**

#### Request for Verification

Whenever the agency learns of a change or a potential change in the household's circumstances during the certification period, the local agency must determine the impact of the change on the household's eligibility and benefit level. The EW must initiate the review of the change within ten days of the notification of the change.

The EW must prepare and send the *Request for Verification/Missed Interview* form to the household's address. The EW must complete the form to request information or to request that the household complete an action within ten calendar days. See Part XXIV for a copy of the verification form.

#### a. Timely Response - No change Reported

If the household responds timely to the *Request for Verification/Missed Interview* form and there are no changes in the household's circumstances, the EW must take no other case action related to the change report.

b. Timely Response - Changes Reported

The EW must send the household a *Request for Verification/Missed Interview* form when a household must clarify its situation or provide additional information. The household has ten days to provide the requested information. If the household responds to the agency request for information within the ten-day limit and reports changes in its circumstances, the agency must evaluate the changed information within ten days of receiving the information. If the change results in an increased allotment, the EW must send the Notice of Action to show the allotment change for the next month. If the agency provides voluntary supplemental allotments for similarly reported changes, the EW must approve the supplemental allotment for the current month, in addition to the change for the next month. If the change results in a reduction or termination of benefits, the EW must send the household the *Advance Notice of Proposed Action* or the *Notice of Action* to allow a minimum of ten days for the household to appeal before the reduction or termination becomes effective.

c. Untimely Response - No Changes

The EW must send a food stamp household a *Request for Verification/Missed Interview* form when a household must clarify its situation or provide additional information. The household has ten days to provide the requested information. If the household does not respond within the ten-day period, the EW must send the household an *Advance Notice of Proposed Action* or *Notice of Action* to close the case. If the household responds before the effective date of the closure and there are no changes in the household's circumstances, the EW must rescind the adverse action notice and reinstate the case in ADAPT.

d. Untimely Response - Changes Reported

The EW must send a household a *Request for Verification/Missed Interview* form when a household must clarify its situation or provide additional information. The household has ten days to provide the requested information. If the household does not respond within the ten-day period, the EW must send the household an *Advance Notice of Proposed Action* or *Notice of Action* to close the case. If the household responds after the reporting period but before the effective date of the closure, and reports changes to its circumstances, the agency must review the change report and determine the impact, if any, on the household's eligibility or benefit level. If the household remains entitled to an allotment in spite of the information, the EW must send a *Notice of Change* to increase benefits from zero to the revised amount.

e. No Response to the Request for Verification

If the household does not respond to the request for information by the tenth day, the EW must send the household an adverse action notice to close the case. The basis for the case's closure will be the household's failure to provide verification.

If the verification request form is undeliverable by the post office because of the address, the EW must send the verification request to the new address, if one is supplied by the post office and the new address is in the same Virginia locality as the EW taking the action. If a returned address indicates that the household is no longer in the locality, the Eligibility Worker must close the case. Depending on when the changes occurred in a household's circumstances, the agency might need to file a claim for benefits that the household incorrectly received.

Suspension

When changes cause a household to become ineligible and it appears that the ineligibility will be temporary, the agency may suspend benefits for one month rather than close the case. The EW must send *An Advance Notice of Proposed Action* to suspend unless the change meets one of the exceptions for sending the notice. After the month of suspension, if ineligibility continues, the EW must close the case. The agency must send another *Advance Notice of Proposed Action*. If the ineligibility is indeed temporary, the EW must reinstate the case effective the month following the suspension.

3. Changes in Public Assistance (7 CFR 273.12(f))

**The provisions described in this section do not apply to households converting to Transitional Benefits when the TANF case closes.**

If a change for a PA case requires either a reduction or termination in public assistance benefits and reduction or termination in food stamp benefits, the agency must issue a single *Advance Notice of Proposed Action* for both the public assistance and food stamp actions. If the household requests a fair hearing within the period provided by the *Advance Notice of Proposed Action*, the agency must continue the household's food stamp benefits on the basis authorized immediately before sending the notice. The household must reapply for food stamp benefits if the certification period expires before the fair hearing process is over however. If the household does not appeal, the change goes into effect according to the procedures specified in Part XIV.A.2.



If any household's benefits will increase as a result of the reduction or termination of public assistance benefits, the EW must not take any action to increase the household's food stamp benefits until the household decides whether it will appeal the public assistance adverse action. If the household decides to appeal and its Public Assistance benefits continue, the household's food stamp benefits must continue at the previous allotment amount. If the household does not appeal, the EW must make the change effective according to the procedures in Part XIV.A.2 except the date the notification of the change is received is the day after the date the Public Assistance *Advance Notice of Proposed Action* expires.

If a change results in the termination of a household's Public Assistance benefits and the EW does not have enough information to determine how the change affects the household's food stamp eligibility or benefit level, the EW must take the following action:

- a. When the EW sends the PA *Advance Notice of Proposed Action* the EW must wait until the notice period expires or until the household requests a fair hearing, whichever occurs first. If the household requests a fair hearing and the Public Assistance benefits continue pending the appeal, the household's food stamp benefits must continue at the previous allotment amount.
- b. If a PA *Advance Notice of Proposed Action* is not required or the household decides not to request a fair hearing or continuation of PA benefits, the EW must send the household a *Request for Verification/Missed Interview* form to seek information or clarification from the household. If the household does not respond within ten days, the EW must send an adverse action notice to close the case.

In cases jointly processed in which the SSI determination results in denial, and the local agency believes that food stamp eligibility or benefit levels may be affected, the local agency must send the *Request for Verification/Missed Interview* form for the household to clarify its situation within ten days. The EW must close the case if the household does not respond to the verification request.

4. Mass Changes (7 CFR 273.12(e))

A mass change is one that affects the entire caseload or significant portions of the caseload. The State or Federal Government will periodically initiate a change of this type. Mass change notices are not required if the change does not affect any current allotments, such as an increase in net income limits. For

mass changes that only affect benefits for a portion of the caseload, the agency may opt to send notices to the households potentially or actually affected by the change only instead of the entire caseload. These changes could include a mass change in TANF grant amounts.

For mass changes that result in a reduction or termination of benefits, the agency does not need to send an *Advance Notice of Proposed Action*. Each household must receive an individual notice that a change will occur however.

The local agency must prepare the mass change notice and issue the notice to households if the agency uses a general notice. The local agency must submit the notice to the Regional Specialist for prior approval. Households must receive the notice no later than the benefit availability date. The state office may periodically issue mass change notices.

Minimal information needed on the mass change notice includes:

- a. the general nature of the change;
- b. examples of the change's effect on allotments;
- c. the month in which the change will take effect;
- d. the household's right to a fair hearing;
- e. the household's right to continue benefits as long as its appeal is filed in a timely manner and the issue appealed is the improper computation of Food Stamp eligibility or benefits, or the misapplication or misinterpretation of federal law or regulation;
- f. general information on whom to contact for additional information; and,
- g. the liability the household will incur for any overissued benefits if the fair hearing decision is adverse.

Instead of the above notice, the agency may send each household an individual *Notice of Action*.

Mass changes include (7 CFR 273.12(e)):

- a. Adjustment to the maximum allowable monthly income.
- b. Adjustment to the shelter cost deduction.
- c. Adjustments to the dependent care deduction.

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- d. Adjustment of the utility standard.
- e. Adjustment of the standard deduction.
- f. Adjustment of the full coupon allotment.
- g. Cost-of-living adjustments in Social Security and SSI benefits.
- h. Any other cost-of-living adjustments in benefits such as VA or Black Lung, when the State notifies local agencies that a change will be a mass change.
- i. Mass changes to TANF or GR grants.
- j. Monthly supplements to TANF grants based on the receipt of child support issued at the beginning of the month.

Many of the mass changes listed in this section may be effective on October 1 of each year.

Local and state agencies will receive instructions for implementing mass changes as the changes occur.

5. Failure to Report Changes

Households must report certain changes in circumstances as specified in Part XIV.A. If the EW discovers during the certification period that a household failed to report a change as required and, as a result, received benefits to which it was not entitled, the EW must issue an Advance Notice of Proposed Action and establish a claim against the household according to Part XVII.A if the agency has enough information to determine ineligibility or the new benefit level. If the agency does not have enough information to determine a new benefit level or ineligibility, the EW must send the *Request for Verification* to allow the household ten days to clarify information or to supply verification. The household must supply information or take required action within ten days or the EW must close the case. The EW will have ten days to act on the change from the date the agency learns of the change.

The agency may not disqualify household members for failing to report a change. In addition, the agency may not file a claim against a household for failure to report a change that it is not required to report.

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6. Reductions or Terminations Due to Disqualification (7 CFR  
273.11(c) (3))

When the agency determines that an individual is ineligible within the household's certification period, the EW must determine the eligibility or ineligibility of the remaining household members.

- a. If a household's benefits are reduced or terminated within a certification period because one of its members was disqualified due to intentional program violation, the EW must notify the remaining members of their eligibility and benefit level at the same time the excluded member is notified of his or her disqualification. The household is not entitled to an *Advance Notice of Proposed Action*, but may request a fair hearing to contest the reduction or termination of benefits, unless the household has already had a hearing on the amount of the claim.
- b. If a household's benefits are reduced or terminated within the certification period because one or more of its members is **disqualified, as addressed in Part XII.E**, the EW must issue an *Advance Notice of Proposed Action* that informs the household of the **disqualification**, the reason for the **disqualification**, the eligibility and benefit level of the remaining members and the actions the household must take to end the **disqualification, if appropriate**.

7. Retention of Cases When Households Temporarily Leave Project Area

The provisions of this section will not apply to households with active TANF, Refugee Assistance, **or Medicaid cases in ADAPT** if the agency transfers a TANF or Refugee Assistance case.

When a participating household is forced to seek temporary housing outside the city/county of usual residence, but still in Virginia, the original locality may, at its option, keep the food stamp case in an active status for up to two calendar months after the move to another Virginia locality. The **local agency must transfer the food stamp case** at the end of the second month if the household does not return to the original locality, **provided the household maintains contact with the agency. The agency must transfer the case** even if the household intends to return to the locality.

Changes to reflect the new address, shelter costs, income, household composition, or any other reported changes must be acted on and verified, if necessary, in accordance with the "Local Agency Action on Changes" section of this chapter **and Part III.E**.

The EW should consider the distance to the household's temporary address in deciding to keep a case active after the move from the locality. If the distance and/or other concerns such as inadequate transportation would hinder continued participation, the EW should **transfer** the case. The EW must close the case if the household requests closure.

This policy only applies to ongoing cases, including households due for recertification. Newly applying and reapplying households must file applications in the current locality of residence. If the household moves while an application (new or reapplication) is pending, the original locality must determine eligibility for the month of application and any other month during which the household was in the locality on the first day of the month **and then transfer the case.**

**8. Transfer of Food Stamp Cases**

**When a household moves from one Virginia locality to another, beyond a temporary move as addressed in subsection 7 of this chapter, the agency must generally transfer the case to the other Virginia locality. There must be no break in certification and the issuance of benefits for affected households.**

**a. Cases to Be Transferred**

The transferring agency may generally transfer any certified, ongoing food stamp case with at least one month remaining in the certification period. These cases may include regularly certified cases and cases receiving transitional benefits. The transferring agency must complete any processes related to the Interim Report and postponed verifications for applications certified under expedited service processing.

If a household moves while an application/renewal is pending, the transferring agency must process the application and generate benefits for any month the household was residing in the locality. After the application has been processed, the transferring agency must transfer the case to the new locality.

In some instances, an agency may request a closed case file when a household reapplies for benefits in another locality. The transferring agency must also honor the request for a closed case file and transfer the case file promptly.

**b. Cases that Cannot Be Transferred**

Local social services agencies must not transfer food stamp cases in the following instances:

- The household moves from a Virginia locality to another state. The EW must close the case.
- There is a pending application/renewal. The original agency must process the application. The agency must secure sufficient information to process the application unless the applicant elects to withdraw the application.
- The certification period has expired or will expire within the month and the household has not filed an application for recertification.
- A case is suspended because of ineligibility unrelated to the move from the locality that is projected to last one month. Resolve the issues that lead to the projected ineligibility and then either close the case or transfer it to the new locality.
- A case is suspended because of the Interim Report process. Resolve any issues related to the Interim Report. Reinstate the case and then transfer the case if the household remains eligible.
- There is a loss of contact with the household but the agency has information that the household no longer resides in the locality.

c. Case Transfer Process for the Transferring Agency

Within five working days after being notified that a household has moved from the locality, the EW must complete a desk review of the case. The desk review is to ensure that documents are properly filed; the record is complete and orderly; and that documentation of case actions is complete. The EW must also review the accuracy of the benefit amount in relation to the reported move. The EW must complete the address change but must make no other changes unless the household reported or the agency has information about other changes such as household composition, income or shelter expense changes that result from the move or reported before the move occurs. The EW must provide sufficient documentation to advise the receiving agency to initiate claims collection activities after the transfer occurs. The case documentation must also support ongoing collection actions.

While the assessment of the case must take place within five days of the reported move, there are instances when the

transferring agency must wait a month before completing the transfer. The final assessment of the case must take place after the handling of postponed verifications for an expedited case or after the processing of the interim report. The final assessment of the case may take place as late as a month after the report of the move.

If the household reports changes in household circumstances, verification of the changed elements may be needed before the second month, by the next recertification, or for the Interim Report, depending on the impact of the changes on the allotment. Verification will be needed before the second month if the food stamp allotment will increase because of the reported changes. The transferring agency must notify the household on the *Notice of Change* that reflects the allotment change or on the *Notice of Transfer* to provide the new verifications to the new agency. The transferring agency must also notify the receiving agency on the *Case Record Transfer Form* to obtain the verification or change the allotment back to the original amount.

The EW must complete the *Case Record Transfer Form* and forward it to the receiving agency. The transferring agency must transfer the entire case file. At its option, the agency may keep photocopied or other duplicates of case documents. The transferring agency may not keep any of the original documents from the case file except when the transferring and receiving agency both use the Ez-filer system or when there is an ongoing claims investigation in which case the agency may keep applicable case information and send a copy of the documents to the receiving agency or make arrangements to secure the necessary documents later from the receiving agency.

The EW must complete a *Notice of Transfer* form to notify the household of the transfer of the case. The EW must send the Notice of Transfer to the household along with a *Change Report* form.

The transferring agency must deliver the intact case file to the receiving agency by certified mail, by authorized courier service, or hand delivery by local agency personnel. The transferring agency must obtain a receipt for the case file from the receiving agency. Note: If the transferring and receiving agency both use the Ez-filer system, the transferring agency may send a compact disk of the case information if that is acceptable to the receiving agency. If the receiving agency does not use the Ez-filer system, the transferring agency must print the case information and send the documents to the receiving agency.

d. Case Transfer Process for the Receiving Agency

Within five days of receiving a case file transferred from another Virginia locality, the receiving agency must complete a desk review and determine the continued eligibility and benefit level of a case transferred to the agency. The receiving agency must contact the household to confirm the household's new address and any changes previously shared with the transferring agency if there are references to new eligibility elements that may have changed as a result of the move. The household is not required to report or verify any eligibility elements that may have changed as a result of the move beyond the mandatory reporting elements (i.e., income that exceeds the gross income level and number of work hours for persons whose benefits would be time-limited).

The receiving agency will be responsible for all future processes related to the transferred case, including such actions as but not limited to, sending the *Notice of Expiration* for the end of the certification period, receiving applications for continued benefits, establishing claims or providing restoration, or responding to quality assurance or hearing officer requests.

B. INTERIM REPORT FILING

All households must file an Interim Report by the sixth month of the certification period unless they are exempt from filing as noted below. Household composition and financial circumstances at the time of application will be the basis of the food stamp benefit amount for the first half of the certification period unless the household reports a change during the certification period. The household composition and financial circumstances reported on the Interim Report will be the basis of the food stamp benefit amount for the remainder of the certification period unless the household reports additional changes after filing the Interim Report.

1. Exemption from Filing

The following households are exempted from filing an Interim Report:

- a. Households in which there is no earned income and where all adult members are 60 years of age or older or in which all adult members are permanently disabled, as reflected by the receipt of disability income. See Definitions.
- b. Households in which all members are homeless, as defined in Definitions.



- c. Households with at least one adult member who is a migrant or seasonal farm worker. See Definitions.
- d. Households in which any member is eligible for time-limited benefits because of the Work Requirement. To meet the Interim Reporting exemption, the members must be exempt from the Work Requirement because of the Special Exemption Months category only and may not meet any other Work Requirement exemption. See Part XV.
- e. Households that receive Transitional Benefits for former TANF recipients.

2. Interim Reporting Filing

A household that is required to file the Interim Report must have a 12-month certification period. On or about the twentieth of the fifth month of the household's certification period, the State Department of Social Services will create and mail the Interim Report to all households so identified by the EW in ADAPT. Upon identifying cases due an Interim Report and producing information for the Interim Report each month, the ADAPT system will suspend the case's eligibility. A list of cases sent the Interim Report and a copy of the Interim Report for the household will be available online to the local agency.

a. Household Responsibilities

The household must complete the Interim Report and return it to the local agency by the fifth day of the sixth month. If the household reports a change in its circumstances, the household must supply verification of the changed elements. If the household fails to verify changed deductible expenses, the household will not get credit for the unverified expenses. The household must provide additional information or verifications as requested by the local agency within the time allowed. Any responsible household member or authorized representative may complete the Interim Report.

b. Agency Responsibilities

The local agency must review the list of cases sent the Interim Report against the returned forms. If a household fails to return the form by the fifth day of the sixth month of the certification period, the agency must send the household another form along with the *Interim Report Form - Request for Action* form. The household will have ten days from the mail date to return the second Interim Report.

The agency must assess Interim Report forms returned from households for completeness, accompanied verifications and reported changes. If the returned Interim Report is incomplete or lacks required verifications of reported changes, the agency must send the *Interim Report Form - Request for Action* form and the original Interim Report to the household. The household will have ten days to supply information, verification, or to complete the form. The agency must photocopy the incomplete Interim Report before sending the form back to the household.

The agency must consider the report incomplete if:

- The Case Name, head of the household, responsible household member or authorized representative has not signed the form;
- The household fails to submit verification of **earned income, or changes in unearned** income, resources or residency; or
- The household fails to provide information needed to determine eligibility or benefit level.

**The EW must use reasonable judgement to determine if the Interim Report is incomplete. For example, if the household marks "No Change" on the form for income but supplies new pay stubs, the report should not be considered incomplete. Similarly, if a household without elderly or disabled members notes the presence of medical expenses but does not provide verification, there is no need to request verification because the household is not entitled to a deduction.**

If the household fails to return the Interim Report or the follow up Interim Report or if the household fails to provide needed verifications and the original Interim Report returned for completion, the EW must act to close the case effective the last day of the sixth month. The household will not receive benefits beginning with the seventh month. The agency does not need to send either an advance or an adequate notice when the household fails to submit a completed Interim Report or fails to take required actions or to supply requested verifications.

**c. Verification Requirements**

**In order to determine eligibility for the second half of a certification period, the household must supply verification of eligibility factors. The household must provide the following:**

- **Proof of earned income.** Verification is needed of all earned income even if the household reports an unchanged amount or source. At a minimum, the household must provide earned income from the month the Interim Report is prepared (Month 5). If the amounts presented for this period are substantially different than the amounts presented at certification or the last reported change during the certification period, the EW must request additional verification, which likely should include pay stubs for the month the Interim Report is due (Month 6). The verification requirement includes obtaining proof of terminated earned income.
- **Proof of changed unearned income amounts or source;**
- **Proof of changed resource amounts or source**
- **Proof of changed shelter, medical, or dependent care expenses.** The household will not get a deduction for the expense without verification. The household must supply verification only if it is entitled to the deduction however.
- **Proof of changed child support obligations or expenses; and,**
- **Proof of other elements.** The household may need to verify other eligibility elements reported on the Interim Report as needed.

Note: The household does not need to submit verification of self-employment or contract income that has been averaged.

**d. Calculation of Benefits**

The EW must make adjustments, as needed, to reflect information from the Interim Report in a household's eligibility and benefit level effective the seventh month. While the household must supply verification of earned income from the month before the Interim Report is filed, the EW may need additional pay verification from other months, including the current month, to determine a reasonable monthly average. Using a wider average may also be appropriate for unearned income sources or other changeable elements. For income sources that have been averaged over a year or other period, the previously verified monthly average must continue to be used.

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The EW must notify the household of the benefit calculation based on the Interim Report for the second half of the certification period and act to reinstate the case in ADAPT after the evaluation of the Interim Report. The agency must provide an adequate notice to notify the household of the benefit calculation.

C. ADVANCE NOTICE OF PROPOSED ACTION

The household must receive written notice prior to any action to reduce or terminate benefits within the certification period. The advance notice period is 10 days and begins with the day following the date the notice is given or mailed to the household.

The agency may use the Notice of Action for this purpose, unless benefits in both TANF and Food Stamps are being reduced or terminated simultaneously. In that case, use the Advance Notice of Proposed Action. Both forms and instructions are in Part XXIV. The Appeals and Fair Hearings pamphlet must be provided if computer-generated versions of the forms are used.

The following chart indicates which IEVS or other matches or inquiries require independent verification before advance notice can be sent:

<u>Source</u>	<u>Independent Verification?</u>
Virginia Employment Commission (VEC) Unemployment Benefits	No
VEC-Earnings	Yes
BENDEX - OASDI Benefits	No
SDX - SSI Benefits	No
Internal Revenue Service - Unearned Income	Yes
BEERS - Earned Income	Yes
Social Security Number Match	No
Operation Talon (a match with law enforcement agencies to detect fleeing felons or parole/probation violators)	No
SVES:	
Work credits/quarters	No
Prisoner files	Yes
Unearned income received through SSA	No

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Neither an advance notice nor an adequate notice is necessary when (7 CFR 273.13(b)):

1. All members of the household have died.
2. The household has moved from the locality, except in those situations where the agency **transfers the case or** opts to retain the case as allowed by Part XIV.A.7.
3. Restoration of benefits is complete and the household had previous notification when the increased allotment would terminate.
4. Allotment fluctuates monthly due to anticipated changes and the household had prior notice at the time of certification.
5. Simultaneous applications were made for TANF/GR and food stamps and the household was notified that receipt of financial assistance could reduce the benefit level.
6. A household is given a normal certification period under expedited service contingent on the receipt of postponed verification, provided the household receives written notice that benefits may be reduced or terminated upon receipt of the postponed verification or if verifications postponed are not received.
7. A household's benefits were increased based on a reported change and are decreased to the original amount when no verification is received, as long as the household was advised at the time of the increase. (See Part XIV.A.2.)
8. All members have moved into an institution that does not meet the requirements of Part VII.C.1a-d.
9. The household voluntarily requests to end its participation in the Food Stamp Program or requests to end Transitional Benefits and makes the request in writing or in the presence of an EW. If the household does not provide a written request, the local agency must send the household a letter to confirm the voluntary withdrawal.
10. A participating household fails to respond to a demand letter requesting repayment of a claim and benefit reduction is invoked.
11. The household fails to return a completed Interim Report provided the agency mailed the household an *Interim Report Form - Request for Action* form and another Interim Report or the original incomplete form.

In instances where the agency does not need to send a notice if the household had prior notice of the change, the agency must send an advance notice if the household did not receive a notice.

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In addition, the advance notice is not necessary when a change is reported before the beginning of the certification period even though the Notice of Action to inform the household of approval may have already been sent.

Example

A household files for recertification and is approved on July 18. A Notice of Action is given on this same day. The new certification period is to begin August 1. On July 25, the household reports a change that would decrease August's benefits. The Advance Notice of Proposed Action is not required. Instead, a revised Notice of Action is sent.

The advance notice may be retracted if it is mailed by mistake. It may also be retracted if it becomes unnecessary because the household's situation changes during the advance notice period. The household must be informed of the retraction.

If an advance notice is mailed giving erroneous information, a corrected notice must be mailed. If the new allotment will be more than that which the household has already been told, continue with the original effective date. If the new allotment amount will be less than that which the household has already been told, begin the 10-day advance notice period again.

Example

An advance notice is mailed on October 20 to decrease benefits to \$50. The new amount should have been \$45. A corrected notice is mailed on October 25.

Decrease benefits to \$50 effective November 1.  
Decrease benefits to \$45 effective December 1.

D. ADEQUATE NOTICE

The time for providing adequate notice of a change in benefits is by the time the changed benefits are received by the household, or, if benefits are terminated, by the time the benefits would have been received had the case not been closed. The *Notice of Action* is to be used for this purpose. The form and instructions for its use are in Part XXIV.

In the following situations, while an advance notice is not required, adequate notice is necessary when:

1. Certain mass changes take place. (See Part XIV.A.4.)

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2. A waiver to an *Advance Notice of Proposed Action* is signed because continuing the original benefit amount will result in a claim for which the household may be required to repay. The EW must explain to the household that it is the household's choice whether or not to sign the waiver.
3. A household is converted from cash and/or a voluntary benefit repayment of a claim to benefit reduction. (See Part XVII.F.).
4. Benefit reduction is invoked when a participating household responds to a demand letter by requesting renegotiation of the repayment schedule but the agency determines renegotiation is not warranted. (See Part XVII.F.)
5. The person is a resident of a drug or alcoholic treatment center or group living arrangement and the facility loses its FNS authorization or its certification from the appropriate State or local agency.

Note: Residents of group living arrangements applying on their own behalf are still eligible to participate.

6. A household member is disqualified for fraud, or the benefits of the remaining household members are reduced or terminated to reflect the disqualification of that household member.
7. The local agency determines that, based on reliable information, the household will not be residing in the locality as of the first day of the next month unless the **agency opts to retain the case, as allowed by Part XIV.A.7, or unless there is sufficient information to allow the agency to transfer the case, as allowed by Part XIV.A.8.**
8. A certified household's address is unknown and mail has been returned by the post office indicating no known forwarding address.
9. A household files a timely request for a fair hearing and requests continuation of benefits in response to a prior notice to reduce or terminate benefits.
10. A household is due a revised amount of benefits or the household is not eligible for benefits based on the evaluation of a completed Interim Report.
11. A household becomes ineligible for Transitional Benefits, such as when it reapplies for TANF assistance.

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E. ODD SUPPLEMENTAL ALLOTMENTS

There will be occasions when a household is entitled to an odd allotment of \$1.00, \$3.00, or \$5.00. This can occur when a household reports a change that requires that a supplemental allotment be given (Part XIV.A), when a replacement allotment is given because stamps were reported as destroyed (Part XVIII), when restoration of lost benefits is given (Part XVI.A), or when an allotment reduction calculation results in an entitlement to \$1.00, \$3.00 or \$5.00 (Part XVII.F).

When an EW determines entitlement to a \$1.00, \$3.00, or \$5.00 allotment, the authorization document must reflect the higher even dollar amount. The EW must document the case record to explain the discrepancy. In an allotment reduction situation, the amount credited toward the claim must reflect the higher even dollar amount that was issued.

Example

A household is eligible for a \$13 allotment. The allotment reduction formula requires \$10 to be recouped. However, \$13 minus \$10 equals \$3, which must be raised to \$4 for issuance purposes. The agency therefore posts a \$9 allotment reduction (\$13 minus the \$4 actually issued equals a \$9 reduction).



Localities Whose Residents Are Exempted from the Work Requirement\*

<b>July 2000- June 2001</b>	<b>July 2001- April 2003</b>	<b>May 2003- June 2004</b>	<b>July 2004- June 2005</b>
Accomack	Accomack	Appomattox	Appomattox
Buchanan	Buchanan	Bland	Buchanan
Danville	Carroll	Buchanan	Carroll
Dickenson	Danville	Carroll	Danville
Essex	Dickenson	Danville	Dickenson
Giles	Giles	Dickenson	Galax
Halifax	Grayson (3/02)	Galax	Giles
Henry/ Martinsville	Halifax	Giles	Grayson
Lee	Henry/ (3/02)	Grayson	Halifax
Norton	Martinsville	Halifax	Henry/ Martinsville
Prince Edward	Lee	Henry/ Martinsville	Lancaster
Russell	Norton	Martinsville	Lunenburg
Smyth	Russell	Lancaster	Mecklenburg
Surry	Surry	Lunenburg	Northumberland
Tazewell	Tazewell	Mecklenburg	Patrick
Williamsburg	Wise	Northumberland	Petersburg
Wise		Norton	Pittsylvania
		Patrick	Pulaski
		Petersburg	Russell
		Pittsylvania	Smyth
		Pulaski	Williamsburg
		Russell	Wythe
		Smyth	
		Surry	
		Williamsburg	
		Wise	
		Wythe	

\*The agency must track the work requirement for all household members except those persons under 18 or over age 50.



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2. Trafficking Claims

The amount of a claim resulting from trafficking of food stamp benefits will be determined by:

- a. the individual's admission of the amount trafficked; or
- b. a determination by a court; or
- c. documentation that forms the basis for the trafficking determination, such as EBT transaction data.

For both trafficking and non-trafficking claims, the local agency must maintain documentation to support how the claim was calculated.

D. CLAIM ESTABLISHMENT (7 CFR 273.18(d)(1))

A claim must be established before the end of the calendar quarter following the quarter in which the overpayment or trafficking incident was discovered. The date of discovery is the date the local agency has sufficient information to determine that an overpayment or trafficking offense has occurred. The local agency must document the date of discovery. The local agency must ensure that no less than 90 percent of all potential claims are either established or disposed of within this time frame.

1. Claim Thresholds (7 CFR 273.18(e)(2)(ii))

The local agency must establish a claim for a non-participating household for any household-caused overpayment that totals more than \$125 and for any agency-caused overpayment that exceeds \$300. The local agency must also establish a claim for an overpayment in any amount for a participating household or for an error identified in a Quality Control review. The local agency, however, may initiate collection action for claims under the \$125 or \$300 threshold or when multiple overpayments for a household total or exceed the threshold for the claim type.

2. Liable Persons (7 CFR 273.18(a)(4))

The following persons are responsible, or liable, for paying a claim:

- a. Each person who was, **or should have been**, an adult member of the household, age 18 or older, when the overpayment or trafficking first occurred;
- b. A sponsor of an alien household member if the sponsor was at fault;

- c. A person connected to the household, such as an authorized representative, who actually caused an overpayment or trafficking.

E. INITIATING COLLECTION ACTION (7 CFR 273.18 (e))

1. Demand Letters

The local agency must initiate collection action by mailing or otherwise delivering to the household the appropriate initial demand letter, *Request for Repayment of Extra Food Stamps* and a *Repayment Agreement*. The demand letter and repayment agreement must be sent immediately following the establishment of the claim, unless the household cannot be located or a court ordered repayment of the claim. Additionally, if a claim is established as an IHE and collection action is being postponed because the case is being referred for prosecution or an ADH, the local agency must initiate collection action by sending the demand letter and a repayment agreement, if the case is not accepted for prosecution or an ADH. The local agency must retain a copy of the initial demand letter to document the claim was properly established.

The household has 20 days from the date of the initial demand letter to tell the local agency how the household intends to repay the claim. The household must make its first payment within 30 days of the date of the letter.

If the household pays the claim, follow the procedures in Part XVII.P for submitting payments.

If a participating household does not respond to the initial demand letter, allotment reduction must be initiated. The household's allotment must be reduced not later than the first day of the second month following the date of the initial demand letter.

If a non-participating household does not respond to the initial demand letter, a *Request for Extra Food Stamps-Follow-Up* demand letter and *Repayment Agreement* should be sent at 30-day intervals until the household has responded by paying, or agreeing to pay the claim or until the criteria for terminating collection action, as specified in Part XVII.K have been met.

If the non-participating household agrees to repay the amount of the overpayment but does not make a payment by the due date specified on the *Repayment Agreement*, the local agency should send a *Request for Repayment of Extra Food Stamps-Payment Overdue* letter at 30 day intervals until the household begins to pay again, or until the criteria for terminating collection action, as specified in Part XVII.K have been met. If the household makes the overdue payments and wishes to continue payments based on the previous schedule, permit the household to do so.

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1. All adult members of the household are dead and there are no plans by the local agency to pursue collection from the estate; or
2. A claim has an outstanding balance of \$25 or less and no payment has been made for 90 days or more; or
3. No payments have been received in three years and the claim has not been referred to TOP. If the claim has been referred to TOP and no payments have been received through TOP in three years, the claim must be terminated; or
4. The household cannot be located, unless the claim has been referred to TOP. If the claim has been referred to TOP, the local agency may keep the claim active until the claim meets criteria #3, listed above; or
5. A claim has been discharged through bankruptcy; or
6. A claim has been transferred to another state for collection.

A claim against a participating or a non-participating household must also be terminated if there is insufficient information or documentation to substantiate that the claim was properly established or to determine the correctness of the balance due. Properly established means that an initial demand letter was mailed or a court ordered repayment.

The local agency must document the reason for the termination.

L. INVALID CLAIMS

A claim found to be invalid through a fair hearing, the ADH process, a court determination, or discovered as erroneously established by the State or local agency, must be deleted from the claims tracking system.

M. IPV DISQUALIFICATION PENALTIES (7 CFR 273.16(b))

1. IPV Penalties

Individuals found to have committed an IPV, either by a court of appropriate jurisdiction or by an ADH or, who waived their right to an ADH, are ineligible to participate in the Food Stamp Program for:

- a. One year for the first violation;
- b. Two years for the second violation; and,
- c. Permanently for the third violation.

- d. Ten years for a determination that fraudulent statements or representations of identity or residency were made to receive benefits in more than one household at the same time. The ten-year penalty does not apply when a household fails to report a move to the agency at a former address.

An individual may receive more than one IPV by violating two or more unrelated program rules, such as change reporting and trafficking, during the same time period.

In addition to these disqualification penalties, individuals may be disqualified from the program for other program violations. Individuals will be disqualified for two years for a finding by a court that they used food stamps to purchase illegal drugs. A second court finding regarding these purchases will result in permanent disqualification from the program.

Individuals will be permanently disqualified from the program based on a court finding that food stamps were used to purchase firearms, ammunition, or explosives, even if it is the first such finding.

A conviction of trafficking in food stamps of \$500 or more will also result in the permanent disqualification of the individual.

2. Reporting Procedures (7 CFR 273.16(i))

Local agencies will use the Disqualified Recipient Report (DRR) to report information concerning individuals disqualified for an IPV. The disqualification may be based on an ADH, a conviction by a court of appropriate jurisdiction, or a waiver to an ADH. The DRR must be completed even for actions for which a claim is not established.

The completed DRR must be sent to:

Virginia Department of Social Services  
Fraud Unit  
**7 North Eighth Street**  
Richmond, VA 23219-3301

The DRR is to be submitted so that it is received within 20 days of the effective date of disqualification. The data from the DRR will be transmitted by the State to the Disqualified Recipient Subsystem (DRS).

In cases where the disqualification for IPV is reversed by a court of appropriate jurisdiction, or was submitted in error, the agency must submit a revised DRR to delete the information relating to the disqualification.

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written verification from the Locality Contact is received. Applications entitled to expedited processing must be processed and benefits delivered within the required seven-day period, even if the household's affirmation or written documentation from the Locality Contact is not received by the seventh day. An IHE claim must be established, however, for any overpaid benefits.

N. DOCUMENTATION

The local agency that establishes the claim must maintain documentation to support proper establishment of the claim, including how the overpayment amount was determined, documentation to support the date of discovery and documentation to support disqualification. In addition, documentation to support the balance due must also be maintained by the agency(s) collecting the payments. Documentation includes, but is not limited to, verifications from employers, landlords, schools; applications with false or omitted information; a copy of the initial demand letter; a copy of the *Notice of Disqualification*; and receipts for cash payments. If the local agency does not have documentation to support the claim, the claim must be terminated.

O. INTRASTATE/INTERSTATE CLAIMS COLLECTION (7 CFR 273.18(i))

In cases where a household moves out of the locality or out of Virginia, the local agency may initiate or continue collection action against the household for any overpayment to the household which occurred while the household was under the local agency's jurisdiction. If the local agency does not intend to pursue collection from a household that has moved to another state because the other state will be pursuing collection, i.e. allotment reduction, the claim must be terminated.

Local agencies may pursue collection on claims established in another locality or state. The local agency or state that overpaid benefits to the household will have the first opportunity to collect any overpayments. If the local agency or state which overpaid benefits, however, does not take prompt action to collect, then the local agency which has jurisdiction over the area into which the household moves should initiate action to collect the overpayment. However, prior to initiating action to collect such overpayments, the local agency in the new locality must contact the old locality or state to ascertain that it does not intend to pursue prompt collection or is not receiving payments on the claim.

P. BANKRUPTCY (7 CFR 273.18(j))

Local agencies must act on behalf of, and, as USDA, in any bankruptcy proceeding against bankrupt households owing food stamp claims. Local agencies possess any rights, priorities, interests, liens or privileges,

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and must participate in any distributions of assets, to the same extent as USDA. Acting as USDA, local agencies have the power and authority to file objections to discharge, proofs of claims, exceptions to discharge, petitions for revocation of discharge, and any other documents, motions or objections that USDA might have filed. Any amounts collected under this authority must be transmitted to the Virginia Department of Social Services as normal claims payments.

Q. SUBMISSION OF PAYMENTS (7 CFR 273.18(1))

Once a month, local agencies must submit one consolidated check, payable to the "Treasurer of Virginia", to cover cash and state tax intercept payments received from all households for the month. The check must be sent to:

Virginia Department of Social Services  
Division of Finance  
**7 North Eighth Street**  
Richmond, VA 23219-3301

The *Monthly Payment Record* (MPR) must be sent with the consolidated check. If no cash or state tax intercept payments are received during the month, a MPR must still be submitted to indicate that no payments were received. The check and the MPR must be sent so as to be received by the 15th day of the month following the report month.

R. DISPUTED CLAIMS

If a fair hearing or a court did not establish the amount of a claim, the household has 90 days from the date of the demand letter to appeal the amount by requesting a fair hearing.

The household must also be notified of the following actions relating to claims and has the right to appeal these:

- After initial notification, whenever the amount of the claim changes;
- Whenever a claim is used to offset a restoration and prior notification of the claim had not been given;
- When multiple overissuances total \$125 or more and collection action is now being initiated, and prior notification of the claim had not been given.



1. Decisions that result in an increase in household benefits must be reflected in the benefit amount within 10 days of the receipt of the hearing decision, even if the local agency must provide a supplementary allotment or otherwise provide the household with an opportunity to obtain the allotment outside of the normal issuance cycle. The local agency may take longer than 10 days if it elects to make the decision effective in the household's normal cycle, provided that the issuance will occur within 60 days from the household's request for the hearing.
2. Decisions that result in a decrease in household benefits must be reflected in the next scheduled issuance following receipt of the hearing decision. No additional notice to the household is needed.
3. When the decision of the hearing officer or Commissioner, as appropriate, determines that a household has been improperly denied program benefits or as been issued a smaller allotment than it was due, lost benefits must be provided to the household in accordance with Part XVI.A.
4. When the decision of the hearing officer or Commissioner, as appropriate, upholds the local agency's action, a claim against the household must be prepared in accordance with Part XVII.A for any overissuances.
- O. INTRODUCTION TO ADMINISTRATIVE DISQUALIFICATION HEARINGS (ADH) (7 CFR 273.16(e))

An Administrative Disqualification Hearing (ADH) is an impartial review by a hearing officer of a household member's actions involving an alleged intentional program violation (IPV) for the purpose of rendering a decision of guilty or not guilty of committing an IPV.

In order to request an ADH, there must be clear and convincing evidence that demonstrates that a household member committed or intended to commit an IPV as described in Definitions. Examples of evidence include, but are not limited to, the following:

1. Written verification of unreported income or resources received by the household;
2. Verification that the household understands its reporting requirements by its signature under the rights and responsibilities section of the application or on some other form;
3. An application or change report form submitted during the period the IPV is alleged to have occurred which omits the information in question;
4. Documented contacts with the household during the period the IPV is

alleged to have occurred in which the household failed to report information in response to agency queries about household circumstances.

Each example noted above does not have to be presented to document intentionality however it is likely that such deliberateness can only be shown through the presentation of more than one of these evidence examples.

P. INITIATION OF AN ADH

The local agency must ensure that the evidence against the household member alleged to have committed the IPV is reviewed by either an Eligibility Supervisor or Agency Director/Superintendent for purposes of certifying that such evidence warrants a referral for an ADH.

Prior to submitting the Referral for Administrative Disqualification Hearing to the State Hearing Authority, the local agency must provide the forms, Notification of Intentional Program Violation and Waiver of Administrative Disqualification Hearing and the "Administrative Disqualification Hearings" pamphlet to the household member suspected of the IPV. To determine the appropriate disqualification period for the notification form, the agency must access the Disqualified Recipient Subsystem (DRS) data to determine the number of prior disqualifications an individual may have. The DRS information about prior disqualifications must be verified before deciding on the length of the penalty. See Part XVII.M.2 for additional information about DRS.

The waiver must be returned to the agency within 10 days from the date notification is sent to the household in order to avoid submission of the referral of ADH. If a signed waiver is received, no ADH is conducted and the disqualification period is imposed in accordance with policy at Part XVII.M.1. A copy of the signed waiver is to be sent, for federal reporting purposes, to:

Hearings and Legal Services Manager  
Virginia Department of Social Services  
**7 North Eighth Street**  
Richmond, VA 23219-3301

If no waiver to the ADH is received within 10 days, the local agency must submit the Referral for Administrative Disqualification Hearing to the Hearings Manager. The form must include the following information:

1. Identifying Information as requested at the top of the form
2. Summary of the Allegation(s)
3. Summary of the Evidence
4. Copies of documents supporting the allegation.

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Name and Address

Areas Served

Virginia Legal Aid Society  
513 Church Street  
Lynchburg VA 24505  
804-528-4722  
1-800-552-7676

Amherst County  
Appomattox County  
Campbell County  
Halifax County  
Lynchburg

Virginia Legal Aid Society  
105 S. Union Street, Suite 400  
Danville VA 24541  
804-799-3550  
1-800-552-7676

Danville  
Martinsville  
Henry County  
Patrick County  
Pittsylvania County

Virginia Legal Aid Society, Inc.  
104 High Street  
Farmville VA 23901  
804-392-8108  
1-800-552-7676

Amelia County  
Buckingham County  
Charlotte County  
Cumberland County  
Lunenburg County  
Mecklenburg County  
Nottoway County  
Prince Edward County

Virginia Legal Aid Society, Inc.  
112 W. Washington Street, Suite 300  
P.O. Box 3356  
Suffolk VA 23434  
757-539-3441  
1-800-552-7676

Franklin  
Isle of Wight County  
Smithfield  
Southampton  
Suffolk

Virginia Legal Aid Society, Inc.  
412 South Main Street  
Emporia VA 23847  
804-634-5172  
1-800-552-7676

Brunswick County  
Emporia  
Greensville County  
Sussex County

Legal Aid Justice Center  
1000 Preston Avenue, Suite A  
Charlottesville VA 22903  
(434) 296-8851  
1-800-200-8479

State of Virginia for  
Farm Workers and Low  
Wage Immigrants

Legal Services Corporation of Virginia  
700 E. Main Street, Suite 1504  
Richmond, VA 23219  
(804) 782-9438

State of Virginia

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Name and Address

Areas Served

Virginia Poverty Law Center, Inc.  
**700 E. Franklin Street, Suite 14T1**  
Richmond, VA **23219**  
(804) 782-9430

State of Virginia

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PART XXIV

FORMS

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**Commonwealth of Virginia  
Department of Social Services  
ELIGIBILITY REVIEW - PART B**

CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKERS	DATE RECEIVED
CASE NAME	CASE NUMBER	PROGRAM(S)	LOCALITY	WORKERS	DATE RECEIVED

**B. RESOURCES** Answer for everyone for whom you are applying. Include any resources anyone owns, is buying, or is heir to. Include any resources jointly owned with someone else, even if that person does not live with you. List the names of all joint owners. After each joint owner's name, list the percentage (%) of the resources owned by that person. Talk to your eligibility worker if you need help answering these questions, including help with the percentage owned.

☐ YES ☐ NO 1. Does anyone have cash, money in checking/savings/credit union/Christmas Club/money market/individual development account/any other account, CD's, patient funds, special welfare accounts, stocks or bonds, trust funds, pension plans, retirement accounts, promissory notes, deeds of trust, or burial plots/arrangements/trust funds? Has a savings or other investment account been set up to pay for school, to make a down payment on a house, to start a business, or for another purpose? Check (✓) ☐ YES ☐ NO

If the savings or other investment account is for school expenses, give name of person whose expenses will be paid: \_\_\_\_\_  
If the savings or investment account is for another purpose, explain: \_\_\_\_\_

OWNER(S)	TYPE (ACCOUNT#)	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED
OWNER(S)	TYPE (ACCOUNT#)	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED
OWNER(S)	TYPE (ACCOUNT#)	WHERE	YES ( ) NO ( ) Is this resource used in your business or trade, including farming?	AMOUNT OR VALUE \$	DATE ACQUIRED

☐ YES ☐ NO 2. Does anyone own any personal property, such as campers/trailers, non-motorized boats, utility trailers, tools, equipment, supplies, or livestock?

OWNER(S)	TYPE	YES ( ) NO ( ) Is this property used in your business or trade, including farming?	VALUE \$ AMOUNT OWNED \$	DATE ACQUIRED
OWNER(S)	TYPE	YES ( ) NO ( ) Is this property used in your business or trade, including farming?	VALUE \$ AMOUNT OWNED \$	DATE ACQUIRED

☐ YES ☐ NO 3. Does anyone own any real property, including life estates, inherited property, land, buildings, or mobile homes? If YES, do you live there? Check (✓) ☐ YES ☐ NO

OWNER(S)	TYPE	YES ( ) NO ( ) Currently/rented YES ( ) NO ( ) Income-producing YES ( ) NO ( ) Currently for sale	VALUE \$ AMOUNT OWNED \$	DATE ACQUIRED
OWNER(S)	TYPE	YES ( ) NO ( ) Currently/rented YES ( ) NO ( ) Income-producing YES ( ) NO ( ) Currently for sale	VALUE \$ AMOUNT OWNED \$	DATE ACQUIRED

☐ YES ☐ NO 4. Does anyone own vehicles, such as cars, trucks, vans, motorboats, motor homes, mobile homes, recreational vehicles, or motorcycles/mopeds?

OWNER(S)	TYPE OF VEHICLE: YEAR-MAKE-MODEL	CURRENTLY LICENSED <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE #	VALUE \$ AMOUNT OWNED \$	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED
OWNER(S)	TYPE OF VEHICLE: YEAR-MAKE-MODEL	CURRENTLY LICENSED <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE #	VALUE \$ AMOUNT OWNED \$	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED
OWNER(S)	VEHICLE ID #	CURRENTLY LICENSED <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE #	VALUE \$ AMOUNT OWNED \$	EXPLAIN HOW VEHICLE IS USED	DATE ACQUIRED

☐ YES ☐ NO 5. Does anyone have health insurance?

POLICY HOLDER	COMPANY NAME, ADDRESS, PHONE	BEGIN DATE	ID NUMBER	TYPE OF COVERAGE	PERSON(S) INSURED
		END DATE	PREMIUM AMOUNT \$		

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☐ YES ☐ NO 6. Does anyone have Medicare?

PERSON INSURED	CLAIM NUMBER	CHECK (✓) <input type="checkbox"/> PART A <input type="checkbox"/> PART B	BEGIN DATE	PREMIUM	PAYMENT METHOD
PERSON INSURED	CLAIM NUMBER	CHECK (✓) <input type="checkbox"/> PART A <input type="checkbox"/> PART B	BEGIN DATE	PREMIUM	PAYMENT METHOD

☐ YES ☐ NO 7. Does anyone have life insurance, retirement insurance, or other related types of insurance policies? (Not required for Food Stamps)

OWNER(S)	PERSON(S) INSURED	COMPANY NAME, ADDRESS, PHONE	TYPE OF POLICY	POLICY NUMBER	FACE VALUE	CASH VALUE	DATE ACQUIRED
					\$	\$	

☐ YES ☐ NO 8. Has anyone sold, transferred or given away any resources in the last 3 months (for Food Stamps), in the last 2 years (for TANF or General Relief), or resources or income in the last five years (for Medicaid)? If Yes, explain: \_\_\_\_\_

**C. INCOME** Answer for everyone for whom you are applying. For TANF and Medicaid for children, also provide income information for the child's parent or stepparent living in the home; or any person living with the parent as husband or wife. If the parent is a minor under age 18 (for TANF) or under age 21 (for Medicaid), also provide information for the parent of the minor parent.

☐ YES ☐ NO 1. Does anyone receive any money from any source? Include money received from self-employment, pensions, income-producing property, support or contributions. If YES, give the information requested. If the money is received from working, give employment information.

PERSON RECEIVING MONEY	TYPE OF MONEY	HOW OFTEN RECEIVED	WHEN RECEIVED	GROSS MONTHLY AMT. BEFORE DEDUCTIONS	EMPLOYER'S NAME, ADDRESS, PHONE NUMBER	EMPLOYMENT BEGIN DATE	HRS/MONTH WORKED
				\$			
				\$			
				\$			
				\$			
				\$			

☐ YES ☐ NO 2. Has anyone been fired, laid off, gone on sick or maternity leave, gone on strike, quit a job, or reduced hours worked since you applied? If YES, give name and explain: \_\_\_\_\_

☐ YES ☐ NO 3. Does anyone besides the people on your case pay directly for you, help you pay, or lend you money to pay rent, utilities, medical bills or any other bills? OR, does anyone totally supply food, shelter or clothing for you or someone else on a regular basis? If YES, give name, amount, and explain: \_\_\_\_\_

☐ YES ☐ NO 4. Has anyone applied for or received student financial aid or work-study for a current school term at any college, university, school or training program beyond the high school level, or any school or training program for persons with a physical or mental disability?

NAME OF PERSON	TYPE OF FINANCIAL AID	AMOUNT	PERIOD COVERED FROM TO	TUITION/ FEES	BOOKS SUPPLIES	TRANSPORTATION	DEPENDENT CARE	ROOM & BOARD	OTHER (Specify)
		\$		\$	\$	\$	\$	\$	\$

☐ YES ☐ NO 5. Does anyone have a day care expense for a child, an elderly person, or an adult with a disability? If YES, give name, amount and explain: \_\_\_\_\_

☐ YES ☐ NO 6. Does anyone pay legally obligated child support to someone not in the household? If YES, give name of person paying, person supported, and amount: \_\_\_\_\_



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**D. FOOD STAMPS**

**HEAD OF HOUSEHOLD**

1. List the name of the person who is the head of your household.  
NOTE: Refer to the *Benefit Programs Booklet* for additional information.

☐ YES ☐ NO 2. Would you like to name an authorized representative who could apply for food stamps for you, receive or use your food stamp benefits in grocery stores for you, or receive food stamp correspondence and notices for you?

NAME, ADDRESS, PHONE NUMBER OF AUTHORIZED REPRESENTATIVE(S)	CHECK (✓) EACH DUTY AUTHORIZED FOR THAT PERSON <input type="checkbox"/> APPLY FOR FOOD STAMPS <input type="checkbox"/> RECEIVE CORRESPONDENCE <input type="checkbox"/> RECEIVE OR USE FOOD STAMP BENEFITS
---	---

☐ YES ☐ NO 3. Is anyone living in your home NOT included in your Food Stamp application? If YES, do you and everyone for whom you are applying usually purchase and prepare meals apart from these people? Or, do you intend to do so if your application for Food Stamps is approved?  
Check (✓) ☐ YES ☐ NO

☐ YES ☐ NO 4. Is anyone living in your home a roomer or boarder? If YES, list names: \_\_\_\_\_  
☐ YES ☐ NO 5. Is anyone age 60 or older OR approved to receive Medicaid because of a disability OR receiving any type of disability check? If YES, list all current medical expenses for these people. TALK TO YOUR WORKER BEFORE ANSWERING METHOD OF DEDUCTION.

PERSON WITH EXPENSE	TYPE OF EXPENSE	AMOUNT	NAME, ADDRESS, PHONE NUMBER OF DOCTOR, HOSPITAL, PHARMACY	METHOD OF DEDUCTION
		\$		<input type="checkbox"/> LUMP SUM <input type="checkbox"/> MONTHLY AVERAGE <input type="checkbox"/> EXPECTED PAYMENT
		\$		<input type="checkbox"/> LUMP SUM <input type="checkbox"/> MONTHLY AVERAGE <input type="checkbox"/> EXPECTED PAYMENT

☐ YES ☐ NO 6. Does anyone have any of the following shelter expenses? Check (✓) here ☐ if these expenses are for a house not lived in.

EXPENSES	RENT OR MORTGAGE	TAXES	INSURANCE	ELECTRICITY	GAS	KEROSENE	COAL	OIL	WOOD	WATER/SEWER	GARBAGE	TELEPHONE	INSTALLATION
AMOUNT BILLED	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
HOW OFTEN													
WHO PAYS BILL													

a. Households which have a heating or cooling expense OR received fuel assistance during this past year can use actual utility expenses or a standard amount for these expenses called the "Utility Standard." Check (✓) which amount you would like to use. ☐ Actual utility expenses ☐ Utility standard If Utility Standard, does anyone living in your home but not in your case help you pay heating/cooling? Check (✓) ☐ YES ☐ NO If YES, explain \_\_\_\_\_

b. Households which do not have a permanent residence can use actual shelter expenses or a standard amount for these expenses called the "Shelter Standard." Check (✓) which amount you would like to use. ☐ Actual shelter expenses ☐ Shelter standard If temporarily staying in someone else's home, give date moved in \_\_\_\_\_

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**E. FINANCIAL AND MEDICAL ASSISTANCE FOR CHILDREN**

☐ YES ☐ NO 1. Has the absent parent(s) changed the amount of financial support, physical care, or guidance regularly provided to the children?  
If YES, explain: \_\_\_\_\_

☐ YES ☐ NO 2. Has the legal parent become disabled such that he or she is unable to work? If YES, explain: \_\_\_\_\_

☐ YES ☐ NO 3. Do you have any new information that would help us locate the absent parent(s)? If YES, explain: \_\_\_\_\_

**F. AUXILIARY GRANTS**

☐ YES ☐ NO 1. Do you own any household goods or personal effects which are worth more than \$500? If YES, and you did not report these items in the Resource Section, list the items and their value here: \_\_\_\_\_

**G. CHANGES EXPECTED THIS MONTH OR NEXT:**

**H. VOTER REGISTRATION (FOOD STAMPS, TANF, MEDICAID ONLY)**

**ANSWER ONLY IF YOU ARE APPLYING FOR FOOD STAMPS, TANF, OR MEDICAID. IF YOU DO NOT RESPOND, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT REGISTER TO VOTE AT THIS TIME.**

Check (✓) one of the following:

YES ( ) NO ( )

If you are not registered to vote where you currently live now, would you like to register to vote here today? By checking this question "yes," I certify that a voter registration application form was given to me to complete. (If you would like help in filling out the vote registration application form, we will help you. The decision to accept help is yours. You also have the right to complete your voter registration application form in private.)

YES ( ) NO ( )

I am already registered to vote at my current address. (If already registered at your current address, you are eligible to register to vote.)

Applying to register or declining to register to vote will not affect the assistance or services that you will be provided by this agency. A decision not to apply to register to vote will remain confidential. A decision to apply to register to vote and the office where your application was submitted will also remain confidential and may only be used for voter registration purposes. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register to vote, or your right in applying to register to vote, you may file a complaint with the Secretary of the Virginia State Board of Elections, Ninth Street Office Building, 200 North Ninth Street, Richmond, VA 23219-3497, (804) 786-6551.

Agency Use Only ☐ Face-to-face interview not required. A voter registration form was mailed.

**BY MY SIGNATURE BELOW, I DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE FOLLOWING IS TRUE:**

I received the Benefit Programs Booklet when I first applied or at this review. I understand:

- All of my responsibilities listed in the Benefit Programs Booklet, including my responsibility to report required changes on time.
- If I give false, incorrect, or incomplete information, or do not report required changes on time, I may be breaking the law and could be prosecuted.
- If I helped someone complete this form so as to get benefits he or she is not entitled to, I may be breaking the law and could be prosecuted.
- If I refuse to cooperate with any review of my eligibility, including reviews by Quality Control, my benefits may be denied until I cooperate.
- If my application is for Food Stamps, failure to report or verify of my expenses will be seen as a statement by my household that I do not want to receive a deduction for unreported expenses.

All information on this form is correct and complete to the best of my knowledge and belief.

My signature authorizes the release to this agency of all information necessary to both determine and review my eligibility AND the release of any medical or psychological information obtained from any source to the state or local agency that may review this application for financial or medical assistance. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

I filled in this application myself: ☐ YES ☐ NO If NO, it was read back to me when complete: ☐ YES ☐ NO

YOUR SIGNATURE OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK		DATE	SPOUSE'S SIGNATURE OR MARK (NOT NEEDED FOR FOOD STAMPS)		DATE
WITNESS TO MARK OR INTERPRETER		DATE	WORKER'S SIGNATURE		DATE
Complete the box below if this application was completed for the applicant by someone else.					
NAME OF PERSON COMPLETING APPLICATION		DATE	ADDRESS		
PHONE NUMBER (HOME)		(WORK)	RELATIONSHIP TO APPLICANT		

**Commonwealth of Virginia  
Department of Social Services  
REQUEST FOR ASSISTANCE  
— ADAPT —**

**GENERAL INFORMATION**

This Request for Assistance is the first part of the application process. You must also complete the second part of the application process by (1) having an interview, or (2) completing an Application for Benefits form, or the appropriate Medicaid application.

With this Request for Assistance, you can begin the application process for one or more of the following assistance programs. You can also use this Request to request a Medicaid resource assessment for long term care.

- Food Stamps
- Temporary Assistance for Needy Families (TANF)
- Medicaid
- Children's Health Insurance
- General Relief
- Emergency Assistance
- State and Local Hospitalization
- Auxiliary Grants
- Refugee Resettlement Program

**COMPLETE AND ACCURATE INFORMATION**

You must give complete, accurate, and truthful information. If you refuse to give needed information, your eligibility for assistance may not be able to be determined. Information regarding your race is not required, but if you decide not to give this information, your worker will complete that section. If you knowingly give false, incorrect, or incomplete information, or fail to report changes, you could lose your benefits and be arrested, prosecuted, fined and/or imprisoned. If you knowingly give false, incorrect, or incomplete information in order to help someone else receive benefits, you could be arrested and prosecuted for fraud. You must also provide required verifications.

032-03-875/6 (6/03)

**SPECIAL INFORMATION FOR FOOD STAMP APPLICANTS**

You can begin the application process for Food Stamps by completing this Request for Assistance or by completing only the information in the boxes below and providing at least your **name, address, and signature**. You must complete the rest of the application process before your eligibility can be determined.

You must also be interviewed. Under certain hardships, you can be interviewed by telephone. You must turn in this Request for Assistance before you are interviewed. This is important because if you are eligible for the month in which you apply, your food stamp amount will be based on the date you actually turn in your Request.

**EXPEDITED SERVICE FOR FOOD STAMPS**

Your household may qualify for Expedited Service and receive food stamps within 7 days if you are eligible and your gross monthly income is less than \$150 and liquid resources are \$100 or less; or your monthly shelter bills are higher than your household's gross monthly income plus your liquid resources; or your household is a migrant or seasonal farmworker household with little or no income and resources. **GIVE THE INFORMATION REQUESTED IN THE BOXES BELOW, SO YOUR ELIGIBILITY FOR EXPEDITED SERVICE CAN BE DETERMINED.**

Total money expected this month before deductions	\$ _____
Total cash, money in checking/savings accounts, CDs	\$ _____
Total rent or mortgage for this month	\$ _____
Total utility expenses for this month	\$ _____
<p>Do not count amounts due for previous months Count only the basic telephone service cost.</p>	
<p>Is anyone in your household a migrant or seasonal farmworker?</p> <p style="text-align: right;"><b>YES ( ) NO ( )</b></p>	
NAME	DATE OF BIRTH
ADDRESS	SOCIAL SECURITY NUMBER
	TELEPHONE
SIGNATURE	DATE

## VERIFICATION AND USE OF INFORMATION

The information that you give may be matched against Federal, State, and local records including the Virginia Employment Commission and the Department of Motor Vehicles to determine if it is correct, accurate, and truthful. In addition, your Social Security Number (SSN) will be used to verify your identity, prevent receipt of benefits from more than one social service agency at the same time, and make required program changes.

The **INCOME AND ELIGIBILITY VERIFICATION SYSTEM (IEVS)** will also be used to verify information. This system uses your SSN to verify wages and salary, unemployment benefits, and unearned income by using records from the Internal Revenue Service and the Social Security Administration. The State Verification Exchange System (SVES) uses your SSN to verify your receipt of social security and Supplement Security Income (SSI) benefits. It is also used to verify quarters of coverage under Social Security, if you are an alien. In addition, the Immigration and Naturalization Service (INS) will be used to verify the status of aliens. Any difference between the information you give and these records will be investigated. Information from these records may affect your eligibility and benefit amount. If a food stamp claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action.

## VIRGINIA SOCIAL SERVICES - BENEFIT PROGRAMS BOOKLET

This booklet contains information about the programs available at your local social services agency plus other very important information you should know, including your responsibilities. **READ THIS BOOKLET CAREFULLY.** Refer to the **APPEALS** Section if you have a complaint about an action taken on your case.

## COMPLETING THE REQUEST FOR ASSISTANCE

If you need help completing this Request for Assistance, a friend or relative or your eligibility worker can help you. If you are completing this Request for someone else, answer each question as if you were that person. If you need to change an answer or make a correction, write the correct information nearby and put your initials and date next to the change. If more than 6 people are living in your home and you need more space to list everyone, tell the agency you need extra pages.

## FILING A REQUEST FOR ASSISTANCE

You may turn in a partially completed Request for Assistance which contains at least your **name, address, and signature** (or the signature of your authorized representative), but you must complete the rest of the application process before your eligibility can be determined. For some programs, you must also be interviewed, but you may turn in your Request for Assistance before your interview.

You may turn in your Request for Assistance any time during office hours the same day you contact your local social services agency. You have the right to turn in your Request for Assistance, even if it looks like you may not be eligible for benefits.

### Your Food Stamp Rights

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs and disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

## AGENCY USE ONLY EXPEDITED SERVICE DETERMINATION

Income less than \$150 and Resources \$100 or less YES ( ) NO ( )

Income plus resources less than shelter bills YES ( ) NO ( )

For migrants or seasonal farmworkers:

Resources \$100 or less, and in next 10 days, \$25 or less is expected from next income;

OR

Resources \$100 or less, and no income is expected from a terminated source for the rest of this month or next month. YES ( ) NO ( )

**EXPEDITE IF YES TO ANY OF THE ABOVE**

Commonwealth of Virginia  
Department of Social Services  
REQUEST OF ASSISTANCE  
— ADAPT —

**AGENCY USE ONLY**

AGENCY USE ONLY			
CASE NAME	CASE NUMBER(S)	PROGRAM(S)	REGISTRATION NUMBER
APPLICATION TYPE	LOCALITY	WORKER	CASELOAD NUMBER
DATE OF SERVICE REFERRAL	DATE RECEIVED		

- [illegible]

6. YES ( ) NO ( ) Have you or anyone for whom you are applying ever applied for or received or are currently receiving any benefits from a social services agency, including Food Stamps, AFDC, TANF, Medicaid, Children's Health Insurance, General Relief Auxiliary Grants, Foster Care, Adoption Assistance, Refugee Other or Refugee Medicaid Other?

Person Who applied for or Received Benefits	Under What Case Name	Type of Benefits Received
When	From What County or City or State	

7. YES ( ) NO ( ) Does anyone have any of the following emergencies? If YES, check (✓) the type of emergency and explain the cause.  
( ) Food ( ) Shelter ( ) Medical ( ) Clothing ( ) Other Emergency \_\_\_\_\_  
Cause: \_\_\_\_\_

8. YES ( ) NO ( ) Is there anything that you would like to talk about with a service worker? This could include concerns about your children, school problems, day care needs, family planning, family violence, referrals to other community organizations, or other problems or concerns. If YES, explain.

Explain:

BY MY SIGNATURE BELOW I DECLARE, UNDER PENALTY OF PERJURY, THAT ALL OF THE FOLLOWING ARE TRUE:

I understand:

- All of the information in the GENERAL INFORMATION Section on pages 1 and 2.
- If I give false, incorrect, or incomplete information, I may be breaking the law and could be prosecuted for perjury, larceny, or welfare fraud.
- If I helped someone else complete this form so as to get benefits he or she is not entitled to receive, I may be breaking the law and could be prosecuted.

I received the Benefit Programs Booklet YES ( ) NO ( ) MEDICAID APPLICANTS: I received the Virginia Medicaid Handbook YES ( ) NO ( )

All information I gave on this Request for Assistance is correct and complete to the best of my knowledge and belief. I authorize the release to this agency of all information necessary to determine my eligibility.

I filled in this Request for Assistance myself. YES ( ) NO ( ) If NO, it was read back to me when completed. YES ( ) NO ( )

APPLICANT OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK	DATE	WITNESS TO MARK OR INTERPRETER	DATE
--	------	--------------------------------	------

COMPLETE THE BOX BELOW IF THIS REQUEST FOR ASSISTANCE WAS COMPLETE FOR THE APPLICANT BY SOMEONE ELSE:

APPLICANT OR AUTHORIZED REPRESENTATIVE'S SIGNATURE OR MARK	DATE	ADDRESS
PHONE NUMBER (HOME) (WORK)		RELATIONSHIP TO APPLICANT

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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**INTERIM REPORT FORM - REQUEST FOR ACTION**


Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

You were required to send in a completed Interim Report to this agency by the fifth (5<sup>th</sup>) of the month for your TANF and/or your food stamp case. Please note the information checked below.

( ) We have not received an Interim Report form from you. A copy of the Interim Report is attached. When you send it in, please make sure you answer every question, attach all the information the report asks for, and sign and date the report.

( ) The Interim Report form you submitted was incomplete. The form you submitted is attached. This form is incomplete because:

1. ( ) You did not answer every question. Please answer the following questions: \_\_\_\_\_

2. ( ) Proof of some of the statements made on your report was missing, and without the proof we are requesting, the amount of food stamps or TANF you receive may be decreased or your case will be closed. Please send in the following proof: \_\_\_\_\_

3. ( ) You did not sign and/or date the report. Please sign and date the report.

You must return a completed Interim Report and proof of any changes within ten (10) days, by \_\_\_\_\_. If you do not submit a completed report by this date, your Food Stamp or TANF case will close. **You will not receive an additional notice** unless the information you submit changes your benefits.

If you are unable to complete the Interim Report or if you have any questions about how to complete it or what information you need to send in, you may ask your local agency worker for help.

Worker	Telephone Number	For Free Legal Advice Call
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### APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF or food stamps. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

#### How to File an Appeal

- Send a written request to the **Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 7 North Eighth Street, Richmond, Virginia 23219-3301**
- Call me at the number listed on the front
- Call **1-800-552-3431**

#### When to Appeal

- Within the next 30 days for TANF and within the next 90 days for food stamps.
- Within 10 days of the date on this form to get the food stamps continued.\*
- Before the effective date of the change to get the TANF benefits continued.\*

\*Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

#### Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency. During the conference, the agency must explain its proposed action. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

If you request the conference within 10 days of receiving of your notice to decrease or end your TANF or food stamps benefits, the proposed action will not take place until after there is a decision made for the conference.

If the conference does not satisfy you and you want to continue to receive your benefits until there is a hearing decision, you must file an appeal for TANF benefits within two days following the date of the conference and within 10 days of the conference date for food stamps. If you do not ask for a conference but you file an appeal within 10 days of the notice of action to reduce, suspend, or terminate your TANF or food stamps, you may continue to receive benefits until there is a hearing decision. If you appeal the proposed action on your TANF case before the reduction, suspension or termination effective date, you may also receive continued coverage. Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

#### Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.



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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF BENEFIT PROGRAMS

**INTERNAL ACTION AND VAULT EBT CARD AUTHORIZATION**

TO: \_\_\_\_\_ Vault Card Issuance Unit \_\_\_\_\_ EBT Administrative Terminal Personnel Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FROM Eligibility Worker/Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

RE: Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

I. ☐ Authorization for a Vault EBT Card

Vault card reason: (1) \_\_\_\_ Timely processing (2) \_\_\_\_ Household emergency (3) \_\_\_\_ Agency determination

Case Name Social Security Number \_\_\_\_\_ Case Name Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

II. ☐ Authorization for crediting the card replacement fee to the household's account

Reason: ☐ Household disaster: ☐ Lost in the mail ☐ Household Violence  
☐ Improperly manufactured ☐ Reapplication, no card ☐ Cardholder name changed

III. ☐ Administrative error – Debit account for \$ \_\_\_\_\_

IV. ☐ Reactivate dormant EBT account.

V. ☐ Repay FS Claim of \$ \_\_\_\_\_ from ☐ Active ☐ Dormant/expunged account

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**Issuance/Administrative Unit Use**

I. EBT Vault Card Number: \_\_\_\_\_ Card destroyed on \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of identification seen:

☐ Driver's License ☐ Rent/Utility Bill/Receipt ☐ School ID Card ☐ Work ID Card  
☐ Library Card ☐ Social Security Card ☐ Other \_\_\_\_\_

I acknowledge that I received my EBT card. I understand that I need to select a Personal Identification Number to use my benefits.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

☐ Cardholder failed to pick up vault card

☐ Card destroyed

☐ Vault card not prepared

II. Replacement fee credited on \_\_\_\_/\_\_\_\_/\_\_\_\_.

III. EBT account debited for \$ \_\_\_\_\_ for an administrative error on \_\_\_\_/\_\_\_\_/\_\_\_\_.

IV. EBT account reactivated on \_\_\_\_/\_\_\_\_/\_\_\_\_.

V. Repaid \$ \_\_\_\_\_ to FS Claim on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Completed by \_\_\_\_\_  
Issuance/Administrative Worker

\_\_\_\_\_  
Date



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Internal Action and Vault EBT Card Authorization

FORM NUMBER - 032-03-387

PURPOSE OF FORM - The Eligibility Unit will use this form to communicate with the Issuance or Administrative Unit in the local agency.

USE OF FORM - The EW must complete the top portion of the form to authorize the Issuance Unit to prepare and issue a vault card to an eligible household. The Eligibility Supervisor must complete the top portion of the form to authorize the Issuance or Administrative Supervisor, as designated by the agency, to credit the card replacement fee to a household's EBT account. The Issuance or Administrative Unit must complete the bottom portion of the form to document the action taken. The primary cardholder must also sign the form to acknowledge receipt of the vault card. The agency must use the internal action form to document repayment of a claim with funds in an EBT account **or to debit an account for an administrative error.**

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The Eligibility Worker or Supervisor must retain a copy of the form and forward the remaining copies to the Issuance or Administrative Unit for completion. The Issuance or Administrative Unit must retain a copy of the fully completed form and return the second copy to the Eligibility Unit. Upon receipt of the form, the Eligibility Worker or Supervisor must file the copy in the case file. The initial copy completed only by the Eligibility Unit may be discarded.

INSTRUCTIONS FOR PREPARATION OF FORM - The EW or Supervisor must complete the identifying case and unit information. **The EW or Supervisor must complete the appropriate section of the top portion of the form to explain or authorize actions, including Section I to note why a vault card is necessary.**

The Eligibility Supervisor must complete Section II to authorize crediting the card replacement fee back to the household's EBT account. **The Eligibility Supervisor must also complete Section III to debit benefits from an account that were erroneously deposited as a result of an administrative error.**

The EW or Supervisor may authorize the reactivation of a dormant account **by completing Section IV.** The Primary Cardholder may also contact the Issuance or Administrative Worker directly to request the reactivation of the account. **The EW or supervisor may also authorize deducting funds from an account to repay a claim by completing Section V.**

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The Issuance Unit must promptly act to prepare a vault card or convert the benefits for a household upon receipt of the form completed by the Eligibility Unit. The Issuance Worker must obtain and record identity verification before releasing the vault card and secure the signature of the cardholder on the form.

The completed form must remain with a prepared vault card until the cardholder comes to the agency. The Issuance Unit must destroy the card after five business days if the cardholder does not receive it or make additional arrangements to receive the card. The Issuance Worker must note the date of the destruction of the card on the form. If the agency opts to wait until the cardholder comes to pick up the vault card before preparing the card, the Issuance Unit must notify the EW if the cardholder fails to obtain the card within five business days after the initial authorization by the certification unit.

The supervisor of the Issuance or Administrative Unit, as determined by the agency, must complete the section to credit the card replacement fee back to the household's EBT account.

The Issuance or Administrative Worker or Supervisor must sign and date the form.

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**Commonwealth of Virginia  
Department of Social Services  
NOTICE OF INTENTIONAL PROGRAM VIOLATION**

Name and Address	Case Name
	Case Number
	Locality Date

An investigation of your ☐ Temporary Assistance for Needy Families (TANF) case, or ☐ Food Stamp case has recently been completed. We have reason to believe you intentionally violated a program rule because (may be continued on reverse):

We have the following evidence to support our case against you (may be continued on reverse):

Therefore, a request for an Administrative Disqualification Hearing for the purpose of proving the above allegation will be made. This hearing determines whether you or another person in your household should be disqualified from participation in the program(s) checked above.

You or your representative may look at the evidence at the local social services department by calling the number below to arrange a convenient time.

You have the right to an Administrative Disqualification Hearing prior to any action taken by the local Department of Social Services to disqualify you from receiving benefits. If you wish, you may waive your right to this hearing. By signing the attached waiver, you will be disqualified from receiving benefits for the period shown below whether or not you admit to the facts as presented.

Temporary Assistance for Needy Families (TANF)

☐ 6 months, 1st violation ☐ 12 months, 2nd violation ☐ permanently, 3rd violation

If you are not receiving TANF benefits now, you will be subject to the above disqualification penalty whenever you apply for TANF and are found eligible for TANF benefits again.

Food Stamps

☐ months, 1st violation ☐ months, 2nd violation ☐ permanently, 3rd violation  
☐ Other (Specify)

If you do not sign the attached waiver, an Administrative Disqualification Hearing will be held. If the hearing finds that you committed an Intentional Program Violation, you will be disqualified for the same period of time as shown above.

Neither signing the attached waiver nor holding the hearing shall prevent the State or Federal government from prosecuting you for an Intentional Program Violation in a criminal or civil court action, or from collecting the overpayment or overissuance. You have the right to remain silent concerning the allegations as anything said or signed by you could be used against you in a court of law.

Worker	Telephone	For Free Legal Advice Call
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NOTICE OF INTENTIONAL PROGRAM VIOLATION

FORM NUMBER - 032-03-721 This form and instructions are **available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi)**.

PURPOSE OF FORM - To advise a person that he/she is suspected of having committed an intentional program violation (IPV).

USE OF FORM - The worker must complete this form to advise a household that an IPV is suspected. The worker must send this form with the Waiver of Administrative Disqualification Hearing and the Administrative Disqualification Hearings pamphlet (032-01-961).

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The worker must send the original to the individual suspected of committing an IPV and keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Complete the form with appropriate information to note the program involved, the actions allegedly committed, the supporting evidence, and the length of the disqualification period. The back of the form may be used if additional space is needed for these explanations. Sign the form and complete the information at the bottom of the form.

**Commonwealth of Virginia  
Department of Social Services  
WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING**

Name and Address	Case Name	
	Case Number	
	Locality	Date

The Notice of Intentional Program Violation told you the local agency suspects you intentionally violated a program rule in the \_ Temporary Assistance for Needy Families (TANF) program, or \_ Food Stamp Program. The Notice listed the evidence against you.

Amount of TANF overpayment \$ \_\_\_\_ Amount of Food Stamp overissuance \$ \_\_\_\_

This form is a WAIVER of an administrative disqualification hearing.

**IF YOU CHOOSE TO SIGN THIS WAIVER**, you must indicate whether or not you admit to the facts as presented in the Notice of Intentional Program Violation. Please note: You do not have to admit to any of the allegations.

**IF YOU ARE NOT THE APPLICANT, THAT PERSON MUST ALSO SIGN THIS WAIVER.**

If you choose to sign this waiver, please return it by \_\_\_\_\_ to avoid scheduling a hearing. Please return the form to:

Agency Name and Address		
Worker	Telephone	For Free Legal Advice Call

**WAIVER**

Check one of the following statements:

\_\_\_\_\_ I admit to the facts as presented and understand that a disqualification penalty will be imposed and a reduction of benefits will occur if I sign this waiver.

\_\_\_\_\_ I do not admit that the facts presented are correct. However, I have chosen to sign this waiver and understand that a disqualification penalty and reduction of benefits will result.

Signature	Date
Signature of Applicant if Other Than You	Date

WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-722 This form and instructions are **available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi)**.

PURPOSE OF FORM - To advise a household member suspected of having committed an intentional program violation (IPV) that the right to a hearing may be waived but the disqualification penalty will be imposed if the waiver is signed.

USE OF FORM - The local agency must complete the form and send it to determine if a waiver to the administrative disqualification hearing can be obtained before referring the case to the Hearing Authority. This form must be sent with the Notice of Intentional Program Violation.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The local agency must send the original to the individual suspected of committing an IPV and send a copy to the Hearings Manager if the waiver is signed. The agency must keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Enter the amount of the overpayment or overissuance for the program involved. Complete the form with the date by which the form must be returned if the waiver is to be activated. Enter a date that is 10 days after the mailing date.

If the right to the hearing is waived, the individual must complete the rest of the form and return it to the agency.

If a signed waiver is returned to the agency, a copy must be sent to the Hearings Manager.



Commonwealth of Virginia  
Department of Social Services  
REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING

Case Name	Case Number	Locality
Member Suspected	_____ TANF Violation (circle one) 1 2 3	
Address (include city, state, zip)	Period of IPV	
	Amount of Overpayment \$	
	_____ Food Stamps Violation (circle one) 1 2 3	
	Period of IPV	
	Amount of Overissuance \$	

The suspected household member is alleged to have committed the following act(s) of intentional program violation:

We have the following evidence to support our case:

Copies of evidence to be presented at the hearing to prove the allegation are attached, including:  
1) Verification or documents to support the charge; 2) Any applications for Temporary Assistance for Needy Families or Food Stamps signed by the accused during the time in which the intentional program violation allegedly occurred.

Information in this referral is provided with the knowledge it will be used in reaching a decision on the allegations made in this referral, and will be made available to the accused individual or representative.

Submitted by	Title	Telephone	Date
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REFERRAL FOR ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-725 This form and instructions are **available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi)**.

PURPOSE OF FORM - To refer cases to the State Hearing Authority where an individual is suspected of having committed an intentional program violation.

USE OF FORM - The local agency worker must complete the form to provide information needed by the State Hearing Authority in order to initiate an administrative disqualification hearing. Mail the referral to:

Virginia Department of Social Services  
**Hearings and Legal Services Manager**  
**7 North Eighth Street**  
Richmond, VA 23219-3301

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The local agency must send the original and one copy to the Hearings Manager and keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the information requested at the top of the form. The Period of Intentional Program Violation (IPV) is the span of time over which the IPV occurred. This will often coincide with the dates over which a claim was established.

The "Amount of Overissuance" is the total amount of the claim which relates to the IPV. If the IPV was due to an act which did not result in an overissuance, for example, using food stamps to pay rent, or misrepresenting the household's income on an application that was subsequently denied, indicate "0" overissuance in this block.

Explain the intentional act alleged and the evidence the agency has to support its claim. Evidence listed here is to be made available to the individual and will be presented at the hearing. Confidential or other information restricted from the household cannot be the basis of the evidence to support the accusation of an IPV.

The agency director/superintendent or designee must sign the form.

ADVANCE NOTICE OF ADMINISTRATIVE DISQUALIFICATION HEARING

FORM NUMBER - 032-03-724 This form and instructions are **available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi)**.

PURPOSE OF FORM - To schedule an administrative disqualification hearing (ADH).

USE OF FORM - The hearing officer must complete the form to provide an individual with a notice in advance of an ADH. The form must be sent by first class mail or certified mail with return receipt requested, or may be provided by any other reliable method. The ADH pamphlet must be sent to the individual with the advance notice.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The hearing officer must send the original to the individual alleged to have committed an IPV and a copy to the local agency. The hearing officer must keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information at the top of the form. Information provided on the referral for the ADH will be used as the basis for the hearing.

Complete the form with the date, time and location of the hearing. Note the disqualification period for the IPV. Include other information as needed to complete the form.



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Commonwealth of Virginia  
Department of Social Services  
ADMINISTRATIVE DISQUALIFICATION HEARING DECISION

Name and Address	Case Name
	Case Number
	Locality

On the basis of evidence presented at the Administrative Disqualification Hearing held on \_\_\_\_\_, it has been determined that you:

\_\_\_ DID NOT COMMIT an intentional violation of a Temporary Assistance for Needy Families (TANF) or Food Stamp program rule.

\_\_\_ DID COMMIT an intentional violation of a Temporary Assistance for Needy Families (TANF) or Food Stamp program rule.

If you did commit an intentional program violation, the local agency will disqualify you from receiving benefits for the time shown below:

Temporary Assistance for Needy Families (TANF)

\_\_\_ 6 months, 1st violation \_\_\_ 12 months, 2nd violation \_\_\_ permanently, 3rd violation

If you are not receiving TANF benefits now, the period of disqualification will be postponed until such time as you apply for TANF benefits and are found eligible again.

Food Stamps

\_\_\_ months, 1st violation \_\_\_ months, 2nd violation \_\_\_ permanently, 3rd violation  
\_\_\_ Other (Specify)

The local agency is responsible for notifying you of the date the disqualification will take effect. Also, the local agency is responsible for notifying you of the effect the disqualification will have on the benefits to be received by any remaining household members.

This hearing decision does not prevent the local agency, State or Federal government from asking you to pay back the amount of any extra Temporary Assistance for Needy Families (TANF) benefits or Food Stamp benefits your household was not eligible to receive. The local agency is responsible for sending you a letter requesting repayment.

If you are not satisfied with the hearing decision, you can ask for a review of this decision by the Commissioner, Virginia Department of Social Services by sending a written request within 10 days of receipt of this notice to:

Virginia Department of Social Services  
Hearings and Legal Services Manager  
7 North Eighth Street  
Richmond, VA 23219-3301

Hearing Officer	Date
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032-03-723/8

ADMINISTRATIVE DISQUALIFICATION HEARING DECISION

FORM NUMBER - 032-03-723 (This form and instructions are **available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi)**).

PURPOSE OF FORM - To advise the household member suspected of an intentional program violation (IPV) of the outcome of the Administrative Disqualification Hearing (ADH).

USE OF FORM - The hearing officer must complete the form to include the decision rendered.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The hearing officer must send the original to the household member and send a copy to the local agency. The hearings officer must keep a copy.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the identifying information requested at the top of the form. Complete the form showing the date of the hearing and note whether an IPV was committed. If an IPV was determined, note the disqualification period for the program involved.

Commonwealth of Virginia  
Department of Social Services

NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION

Name and Address	Case Name	
	Case Number	
	Locality	Date

This notice is to inform you of the disqualification of a person from the \_\_\_ Temporary Assistance for Needy Families (TANF) program, or \_\_\_ Food Stamp Program.

\_\_\_\_\_ has been disqualified for the amount of time shown:

TANF \_\_\_ 6 months \_\_\_ 12 months \_\_\_ Permanently

Food Stamps \_\_\_ months \_\_\_ months \_\_\_ Permanently \_\_\_ Other (specify)

The reason for the disqualification is shown below:

\_\_\_ Court of appropriate jurisdiction found the person guilty of committing an intentional program violation of \_\_\_ TANF or \_\_\_ Food Stamp policy.

\_\_\_ An Administrative Disqualification Hearing found the person guilty of committing an intentional program violation of \_\_\_ TANF or \_\_\_ Food Stamp policy.

\_\_\_ The person waived his or her right to an Administrative Disqualification Hearing. The person had been informed that the disqualification penalty would be imposed.

The disqualification period will begin:

\_\_\_ From the TANF program, effective \_\_\_\_\_.

The TANF payment will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

\_\_\_ If this blank is checked, the disqualification will begin when the person next applies for and is found eligible for TANF.

\_\_\_ From the Food Stamp program, effective \_\_\_\_\_.

The Food Stamp allotment will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Worker	Telephone	For Free Legal Advice Call
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NOTICE OF DISQUALIFICATION FOR INTENTIONAL PROGRAM VIOLATION

FORM NUMBER - 032-03-052 (This form and instructions are **available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi)**).

PURPOSE OF FORM - To advise the household of a disqualification due to an intentional program violation.

USE OF FORM - The local agency worker must send this form to advise the household of the length, reason and starting date of a disqualification.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The local agency worker must send the original to the household and file a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM - Complete the form with information appropriate for the case and for the program involved. Enter the name of the individual who is to be disqualified.



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**FOOD STAMP PROGRAM  
DISQUALIFIED RECIPIENT FORM**

**PLEASE REFER TO INSTRUCTIONS BEFORE COMPLETING THIS FORM**

- |   |   |   |  |  |  |  |  |  |  |  |  |  |   |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>1. LOCALITY CODE</p> <table border="1" style="width: 100px; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25px; text-align: center;">0</td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>  | 0   |   |  |  |  |  |  |  |  |  |  |  |   |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>2. TYPE OF ACTIVITY</p>  | <p>____ ADD      ____ CHANGE      ____ DELETE</p>   |   |  |  |  |  |  |  |  |  |  |  |   |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>3. NAME (DO NOT EXCEED MAXIMUM LINE LENGTH)</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>(a) Last Name</p> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> <div style="width: 45%;"> <p>(b) First Name</p> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> <div style="width: 10%; text-align: center;"> <p>(c) MI</p> <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"> <tr><td></td></tr> </table> </div> </div> |   |   |  |  |  |  |  |  |  |  |  |  |   |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>4. SOCIAL SECURITY NUMBER</p> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td style="text-align: center;">--</td><td></td><td></td><td></td><td style="text-align: center;">---</td><td></td><td></td><td></td><td></td> </tr> </table>   |   |   |  | --   |  |  |  | ---  |  |  |  |  | <p>5. DATE OF BIRTH</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">MM</td> <td style="width: 25%;">DD</td> <td style="width: 25%;">YY</td> <td style="width: 25%;"></td> </tr> <tr> <td><table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table></td> <td><table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table></td> <td><table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table></td> <td><table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table></td> </tr> </table> | MM | DD | YY |  | <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table> | <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table> | <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table> | <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>6. SEX</p> <table border="1" style="width: 40px; height: 30px; border-collapse: collapse;"> <tr><td></td></tr> </table>  |   | <p>7. CASE NUMBER</p> <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>   |  |  |  |  |  |  |  |  |  |  |   |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>9. DISQUALIFICATION NUMBER</p> <p>0 = All disqualifications for offenses occurring before April 1, 1983</p> <p>1 = First disqualification determined for an offense on or after April 1, 1983</p> <p>2 = Second and subsequent disqualification other than permanent disqualification after April 1, 1983</p> <p>3 = Permanent Disqualification</p>  | <p>8. DISQUALIFICATION DECISION DATE</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">MM</td> <td style="width: 25%;">DD</td> <td style="width: 25%;">YY</td> <td style="width: 25%;"></td> </tr> <tr> <td><table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table></td> <td><table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table></td> <td><table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table></td> <td><table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table></td> </tr> </table>      | MM  | DD   | YY   |  | <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table> | <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table> | <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table> | <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table> |  |  |  |   |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   | <p>10. EFFECTIVE DATE OF DISQUALIFICATION</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">MM</td> <td style="width: 25%;">DD</td> <td style="width: 25%;">YY</td> <td style="width: 25%;"></td> </tr> <tr> <td><table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table></td> <td><table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table></td> <td><table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table></td> <td><table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table></td> </tr> </table> | MM  | DD   | YY   |  | <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table> | <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table> | <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table> | <table border="1" style="width: 30px; height: 30px; border-collapse: collapse;"></table> |  |  |  |   |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   | <p>11. LENGTH OF DISQUALIFICATION PERIOD</p> <table border="1" style="width: 40px; height: 30px; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table>  |   |  |  |  |  |  |  |  |  |  |  |   |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>12. OFFENSE CODE – Type the offense resulting in the disqualification</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> <table border="1" style="width: 40px; height: 30px; border-collapse: collapse;"> <tr><td></td></tr> </table> <p>A – Drug Trafficking Conviction involving less than \$500</p> <p>B – Any Trafficking Conviction (including drugs) involving \$500 or more</p> <p>C – Firearms Trafficking Conviction, any amount</p> <p>D – Trafficking, Administrative Finding</p> </td> <td style="width: 50%; vertical-align: top;"> <p>E – Duplicate Participation (10 year disqualification)</p> <p>F – Application Fraud, including non-report of changes</p> <p>Z – Other Intentional Program Violation</p> </td> </tr> </table>  |   | <table border="1" style="width: 40px; height: 30px; border-collapse: collapse;"> <tr><td></td></tr> </table> <p>A – Drug Trafficking Conviction involving less than \$500</p> <p>B – Any Trafficking Conviction (including drugs) involving \$500 or more</p> <p>C – Firearms Trafficking Conviction, any amount</p> <p>D – Trafficking, Administrative Finding</p> |  | <p>E – Duplicate Participation (10 year disqualification)</p> <p>F – Application Fraud, including non-report of changes</p> <p>Z – Other Intentional Program Violation</p> |  |  |  |  |  |  |  |  |   |    |    |    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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REMARKS

PREPARED BY _____	TITLE _____
TELEPHONE (_____) _____ EXT. _____	DATE _____/_____/_____

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DISQUALIFIED RECIPIENT REPORT

FORM NUMBER - 032-03-010 (This form and instructions are **available online at [www.localagency.dss.state.va.us/divisions/bp/forms.cgi](http://www.localagency.dss.state.va.us/divisions/bp/forms.cgi)**).

PURPOSE OF FORM - To record information about individuals who have committed intentional program violations (IPV) in the Disqualified Recipient Subsystem (DRS).

USE OF FORM - To be completed within 20 days of an IPV finding.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The local agency must keep a copy of the form and send a copy to:

Virginia Department of Social Services  
**Fraud Unit**  
**Division of Quality Management**  
**7 North Eighth Street**  
Richmond VA 23219-3301

INSTRUCTIONS FOR PREPARATION OF FORM -

1. LOCALITY CODE - Agency FIPS Code.
2. ACTIVITY CODE -  
ADD - Create a new record, including a new record for an individual with a previous disqualification.  
CHANGE - Add to or correct information already in the DRS system.  
DELETE - Remove a record from the DRS system.
- 3-7. Self-explanatory.
8. DISQUALIFICATION DECISION DATE - Date of IPV finding by a court or through the ADH process.
9. DISQUALIFICATION NUMBER - Enter appropriate number 0, 1 ,2, or 3 to identify when the offense occurred.
10. EFFECTIVE DATE OF DISQUALIFICATION - Enter the beginning date of the disqualification.
11. LENGTH OF DISQUALIFICATION PERIOD - Enter the number of months disqualified. If permanent, enter 99, **97 for a 10-year period and 98 for a period that is more than 96 months.**
12. **OFFENSE CODE** - Enter the appropriate code from the form to identify the type of offense that occurred.

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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**NOTICE OF TRANSFER**

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Your \_\_\_\_ Food Stamp, \_\_\_\_ Medicaid, or \_\_\_\_ Temporary Assistance for Needy Families (TANF) case(s) was transferred to \_\_\_\_\_ because of your recent move to that city or county. A representative of that agency will contact you to review your case.

**Your benefits for these programs will continue without interruption.**

Your TANF grant will change from \$\_\_\_\_\_ to \$\_\_\_\_\_ because of your move to the new city/county.

- ☐ If the amount of your food stamp or TANF benefits went up because of a reported change in income, expenses, or the number of people in your household, you will need to show proof of the change. You will need to give this information to the new agency within 10 days or the amount of your food stamps or TANF will go back to \$\_\_\_\_\_ without additional notice.

You must report changes or file applications with the new agency. The address and telephone number of the new agency is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_

\_\_\_\_\_  
(Worker Signature)

\_\_\_\_\_  
(Telephone Number)

**REMINDER: Please keep your Cardinal Card if you receive food stamps and your Medicaid card if you receive Medicaid. You do not need a new card just because of your move.**

#### APPEALS AND FAIR HEARINGS

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a fair hearing on your case. At the hearing you will have a chance to explain why you think we made a mistake and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF or food stamps. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may contact your local legal aid office.

##### How to File an Appeal

- Send a written request to the **Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 7 North Eighth Street, Richmond, Virginia 23219-3301**
- Call me at the number listed on the front
- Call **1-800-552-3431**

##### When to Appeal

- Within the next 30 days for TANF and within the next 90 days for food stamps.
- Within 10 days of the date on this form to get the food stamps continued.\*
- Before the effective date of the change to get the TANF benefits continued.\*

\*Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

##### Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency. During the conference, the agency must explain its proposed action. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

If you request the conference within 10 days of receiving of your notice to decrease or end your TANF or food stamps benefits, the proposed action will not take place until after there is a decision made for the conference.

If the conference does not satisfy you and you want to continue to receive your benefits until there is a hearing decision, you must file an appeal for TANF benefits within two days following the date of the conference and within 10 days of the conference date for food stamps. If you do not ask for a conference but you file an appeal within 10 days of the notice of action to reduce, suspend, or terminate your TANF or food stamps, you may continue to receive benefits until there is a hearing decision. If you appeal the proposed action on your TANF case before the reduction, suspension or termination effective date, you may also receive continued coverage. Note that you may have to repay benefits you received during the appeal process if the hearing decision supports the agency action.

##### Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine witnesses.

The hearings officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or refute this additional information.

You will get the hearings officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

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Notice of Transfer

FORM NUMBER - 032-03-658

PURPOSE AND USE OF FORM - To advise a household that responsibility for a case has been transferred from one locality to another and to provide the contact information of the new agency.

NUMBER OF COPIES - Two.

DISPOSITION OF FORM - The local agency worker must complete the form and mail it to the household when a case record is transferred to another locality.

INSTRUCTIONS FOR PREPARATION OF FORM -

Complete the form with identifying information of the case and with the telephone number and address of the local social services agency to which the case has been transferred. Identify specific food stamp case information if the household is required to provide verifications that affect the benefit amount to the new agency.

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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

**CASE RECORD TRANSFER FORM**

TO DEPARTMENT OF SOCIAL SERVICES

FROM DEPARTMENT OF SOCIAL SERVICES

COUNTY/CITY

COUNTY/CITY

ADDRESS

ADDRESS

**I. TRANSFERRING LOCALITY CASE INFORMATION**

CASE NAME: CASE NUMBER:

MOVED TO YOUR LOCALITY ON AND IS RESIDING AT

UNIT MEMBERS

TYPE OF ASSISTANCE:

☐ TANF VIEW CASE ☐ TANF NON-VIEW CASE ☐ REFUGEE CASH ASSISTANCE ☐ OTHER

AMOUNT OF PAYMENT LAST PAYMENT MONTH

☐ VERIFICATION OF NEEDED BEFORE ISSUANCE OF BENEFITS

☐ FOOD STAMPS CERTIFICATION PERIOD END DATE / /

☐ VERIFICATION OF NEEDED BEFORE ISSUANCE OF BENEFITS

☐ PENDING MEDICAID ☐ RECEIVING MEDICAID ☐ RECEIVING REFUGEE MEDICAL ASSISTANCE

☐ RECEIVING FAMIS (APPLICATION, EVALUATION, INCOME VERIFICATION, AND NOTICE OF ACTION ATTACHED)

ADDITIONAL REMARKS:

**SIGNATURE** (AGENCY REPRESENTATIVE) DATE:

PRINTED NAME TITLE:

**II. CONFIRMATION OF RECEIPT & DISPOSITION**

CASE RECORD WAS RECEIVED DETERMINED: ☐ ELIGIBLE ☐ INELIGIBLE

EFFECTIVE DATE FOR TYPES OF ASSISTANCE

ADDITIONAL REMARKS:

**SIGNATURE** (AGENCY REPRESENTATIVE) DATE:

PRINTED NAME TITLE:

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Case Record Transfer Form

FORM NUMBER - 032-03-227

PURPOSE AND USE OF FORM - To communicate between local departments of social services when transferring responsibility for a case for program benefits from one agency to another. The form also serves as confirmation to acknowledge receipt of the case record.

NUMBER OF COPIES - Three.

DISPOSITION OF FORM - The local agency worker in the transferring agency must complete the names and addresses of the affected agencies and appropriate parts Section I of the form to address the types of assistance affected. The worker must prepare the case record for transfer to the new locality and send two copies of the form and case record to the receiving agency. The transferring agency must keep a copy of the completed form.

INSTRUCTIONS FOR PREPARATION OF FORM -

Complete the form with identifying information of the case and with the names and addresses of the agency from which the case is being transferred and the agency to which the case is being transferred. Complete Section I to identify the types of assistance and benefit amounts for the household. Add additional comments as needed. A representative of the transferring agency must sign the form.

A representative of the receiving local agency must complete Section II of the form to acknowledge the receipt of the case record. The agency must send copy of the completed form to the agency from which the case was transferred and keep a copy of the form.

**FSET FORMS**

<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
032-01-921	Working Your Way to a Better Life Pamphlet	1-3
032-02-014	FSET Pre-Assessment Form	4-5
032-02-074/9	FSET Assessment Form	6-9
032-02-075/3	FSET Plan of Participation	10-12
032-02-077/4	FSET Job Search Form	13-15
032-02-081/4	FSET Work Site Agreement	16-17
032-02-080/2	Work Experience Position Form	18-19
032-02-082/5	Referral to Work Experience Site	20-21
032-02-083/2	Work Experience Attendance and Performance Record	22-23
032-02-083A/2	Time and Attendance Record	24-25
032-02-086/9	FSET Statistical Report	26-28
032-02-078/5	Contact Sheet	29-32
032-02-089/6	FSET Notice of Sanction	32-33
032-03- <b>654/1</b>	Medical Evaluation	34-36
032-02-072/7	EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM	37-38





3. Registrants must not be assigned to projects that require that they travel unreasonable distances from their homes or remain away from their homes overnight without their consent. A round trip in excess of two hours from the registrant's home to the work site is considered an unreasonable distance in any situation. The transportation time determined reasonable must be relative to the number of hours being worked in a day.

e. Worker's Compensation

For Worker's Compensation purposes only, the State Department of Social Services is considered the individual's employer. The State Department of Social Services provides coverage for all Work Experience participants for the hours of participation that are mandated. In the event that a claim must be filed, the following procedures will be followed:

1. The work site personnel must immediately complete the Employer's First Report of Accident form (VWC Form No. 3). The original and all copies must be clearly coded in the upper right-hand corner with 0765-000e, *FSET WORK EXPERIENCE PARTICIPANT*. See Appendix II of this Part.
2. The work site must mail the original copy of the Employer's First Report of Accident form, all bills, and physician reports to:

**Virginia Department of Human Resource Management  
Division of Workers' Compensation and Safety  
101 N. 14<sup>th</sup> Street, 12<sup>th</sup> Floor  
Richmond, VA 23219**

3. The work site must send a copy of the accident report to the FSET Worker at the local agency.
4. Physicians should be instructed to submit their invoices and Attending Physician's Report directly to the claims office at the Division of Risk Management. All invoices must show the participant's/employee's social security number.

4. Education

This component provides educational programs or activities to improve basic skills or otherwise improve employability of participants.

The Education component qualifies as a work program for the purpose of maintaining food stamp eligibility for individuals whose benefits are time-limited (ABAWDS).

- a. Educational placements must be based on an assessment which indicates that placement is necessary to develop job readiness and that educational deficit seems the primary barrier to employment.
- b. Educational programs to which registrants can be assigned include, but are not limited to:
  1. Adult Basic Education;
  2. GED;
  3. Vocational Education;
  4. Community College Programs;
  5. Post-Secondary Education;
  6. Employment Training and Education Programs.
- c. Participation in an education program is limited to the amount of time generally allowed for the completion of the curriculum.
- d. During a registrant's participation in an education program, his/her progress must be monitored to ensure that satisfactory progress, as defined by the institution, is being made. This should coincide with the end of the institution's quarter or semester grading period. However, at a minimum, an evaluation may consist of documentation, such as a report card, showing the registrant's grade(s). Registrants not progressing satisfactorily may be assigned to another activity that will more adequately move them toward employment.
- e. Attendance must be monitored on an on-going basis. The Time and Attendance Report may be used for this purpose.
- f. The completion of an education assignment may be followed by two weeks of job search.

5. Training

This component provides training in a skill or trade that should improve the employability of participants and allow the participant to move directly into employment.

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K. STATISTICS AND REPORTING

Local agencies operating the FSET Program must provide program statistics. The information must be reported on the FSET Statistical Report Form. An original copy of this form is to be mailed to:

VA Department of Social Services  
Division of Finance  
**7 North Eighth Street**  
Richmond, VA 23219

The local agency should maintain a copy of the completed form. The form must be mailed so that it is received by the Division of Finance by the tenth calendar day after the close of the report month. Direct questions about the form to the Division of Finance at (804) **726-7210**.

L. LOCAL FOOD STAMP EMPLOYMENT AND TRAINING PLAN

Each Local Agency must submit an annual FSET Plan to the State Department of Social Services by July 1<sup>st</sup> of each year. The plan must describe the locality's FSET program and must follow the following format:

1. Intent of the FSET program in the locality.
2. A numerical description of the FSET population.
  - a. ABAWDS - persons who are eligible for time-limited benefits through the Work Requirement
  - b. Non ABAWDS - persons exempted from the Work RequirementSee Part XV for the discussion of the Work Requirement.
3. The employment needs of the population.
4. Information regarding local labor market trends.
5. The number of workers with FSET duties.
6. The locality's budget for the FSET program. This is the total FSET allocation broken down into the areas where the money will be spent. This may include salaries, fringe benefits, purchases, contractual costs, etc.
7. A plan of participation by component.
8. A detailed description of the local agency's Standard Operating Procedures that address these elements:

a. Referral and Case Opening Procedures

1. The procedure by which a potential participant is referred.
2. The steps for opening a case once it has been referred and the time frame by which this must be done.

b. Assessment Procedures

1. Describe what will be used to identify and evaluate the participant's occupational skills, strengths, and weaknesses. Describe how this information will be used to assess immediate employability.
2. Describe procedures for conducting educational tests and assessments. Include the following in the description of the procedures:
  - Assessment tools that will be used
  - Types of tests to be used
  - Criteria for determining who should be tested
  - Incorporation of test results into case records
  - Staff responsible for conducting assessment
  - Referral procedures if test and assessments are conducted outside of the agency
3. Describe how assessment information of other agencies will be integrated with the FSET assessment. Other agencies include DRS, VEC, and Mental Health.

c. Component Assignment

1. Describe how program components are assigned.
2. Describe the locality's approach to developing and maintaining a current list of local providers for each component.
3. Describe how the agency monitors component activities and evaluates them for effectiveness.

**FSET FORMS**

<u>FORM NUMBER</u>	<u>NAME</u>	<u>PAGES</u>
032-01-921	Working Your Way to a Better Life Pamphlet	1-3
032-02-014	FSET Pre-Assessment Form	4-5
032-02-074/9	FSET Assessment Form	6-9
032-02-075/3	FSET Plan of Participation	10-12
032-02-077/4	FSET Job Search Form	13-15
032-02-081/4	FSET Work Site Agreement	16-17
032-02-080/2	Work Experience Position Form	18-19
032-02-082/5	Referral to Work Experience Site	20-21
032-02-083/2	Work Experience Attendance and Performance Record	22-23
032-02-083A/2	Time and Attendance Record	24-25
032-02-086/9	FSET Statistical Report	26-28
032-02-078/5	Contact Sheet	29-32
032-02-089/6	FSET Notice of Sanction	32-33
032-03- <b>654/1</b>	Medical Evaluation	34-36
032-02-072/7	EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM	37-38



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### MEDICAL EVALUATION

It is our goal to assist the individual named below in preparing for the transition from welfare to work. This person states that he/she is unable to work. Please give careful consideration in completing this medical evaluation. The information that you provide will be used to determine occupations that this individual may be able to perform, even if there are some limitations.

Commonwealth of Virginia  
Department of Social Services  
Temporary Assistance for Needy Families (TANF)  
Virginia Initiative for Employment not Welfare (VIEW)  
Food Stamp Employment and Training Program (FSET)

Agency Name \_\_\_\_\_  
Address \_\_\_\_\_  
Agency Contact \_\_\_\_\_  
Phone # \_\_\_\_\_  
Case Number \_\_\_\_\_  
Case \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS#: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ Phone#: \_\_\_\_\_

#### WORK-RELATED LIMITATIONS:

1. Date of examination on which this medical evaluation is based: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. In terms of working for pay / competitive employment and the patient's current health issue(s), check that which is **MOST** applicable at this time.

☐ Patient is currently able to work



Patient can currently work without limitations or modifications. Skip the remaining questions and sign at the bottom of page 2.

☐ Able to work with limitations and/or modifications



Patient is able to work in a limited capacity and/or with modifications. Please complete the remaining questions.



Anticipated duration of limitation or modification (Check one)

- ☐ Less than 60 days  
☐ 60 - 90 days  
☐ Greater than 90 days. Specify duration: \_\_\_\_\_

☐ Unable to work



Patient is unable to work in any capacity at this time. Please complete the remaining questions.



Anticipated duration of incapacity. (Check one)

- ☐ Less than 60 days  
☐ 60 - 90 days  
☐ Greater than 90 days. Specify duration: \_\_\_\_\_

3. Please indicate the primary medical reason for the patient's inability to work or need to work with modifications and/or limitations in the space entitled "primary diagnosis" provided below.

Primary Diagnosis: \_\_\_\_\_

If other medical issues contribute to the patient's inability to work or need to work with modifications and/or limitations, please record those in the space entitled "secondary diagnoses" provided below.

Secondary Diagnosis: \_\_\_\_\_

(OVER)



**WORK-RELATED LIMITATIONS (CONT'D):**

4. Check all areas that the patient currently has limitations in that result in his/her inability to work or result in his/her ability to work in a limited capacity or with modifications. Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Lifting objects greater than: _____ POUNDS (insert #)        | <input type="checkbox"/> Sitting for greater than 1 hour at a time   |
| <input type="checkbox"/> Bending over / stooping down / reaching for objects          | <input type="checkbox"/> Standing for greater than 1 hour at a time  |
| <input type="checkbox"/> Manual dexterity activities (typing, handling small objects) | <input type="checkbox"/> Walking distances greater than 50 feet      |
| <input type="checkbox"/> Hearing  | <input type="checkbox"/> Climbing four to six steps                  |
| <input type="checkbox"/> Vision   | <input type="checkbox"/> Driving an automobile                       |
| <input type="checkbox"/> Cognition  | <input type="checkbox"/> Interpersonal relationships with co-workers |

Other work limitations not listed above: \_\_\_\_\_

5. If the patient is unable to work at this time (see question #2 on previous page), can he/she participate in any of the following at this point in time? Check all activities that the patient can presently participate in. For each that he/she can participate in, please indicate the number of days per week and hours per day that you think would be appropriate given his/her limitations.

ACTIVITY	Check here if patient can participate	Days per week	Hours per day
a. Classroom based activities leading to a GED or other certification	<input type="checkbox"/>		
b. Educational activities that address job etiquette, social skills, positive job behaviors, etc.	<input type="checkbox"/>		
c. Skills training in an occupation within his/her health-related limitations	<input type="checkbox"/>		
d. Resume writing and practice in completing job applications	<input type="checkbox"/>		
e. Participating in mock job interviews	<input type="checkbox"/>		
f. Job Searching (contacting employers; getting on a bus)	<input type="checkbox"/>		
g.	<input type="checkbox"/>		

**WORK-RELATED ADVISING:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 6. Have you advised the patient to reduce his/her work hours for health-related reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you advised the patient to take a leave of absence for health-related reasons?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you advised the patient to quit his/her job for health-related reasons?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you advised the patient to apply for disability?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**COMPLIANCE:**

- |  |                              |                             |                                     |
|--|------------------------------|-----------------------------|-------------------------------------|
| 10. If physical therapy, counseling, or other treatments were prescribed, is the patient complying?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 11. Does the patient's condition hinder his/her ability to care for his/her children?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |
| 12. If medication was prescribed, is the patient complying?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| 13. If the patient reviewed this form, would it jeopardize his/her physical or emotional health or well being?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |
| 14. Does the patient require additional evaluation and/or assessment to determine their current and/or future work capacity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |                                     |

☐ Yes

(Check all that apply)

- ☐ Psychiatrist, psychologist or other mental health provider
- ☐ Rehabilitation professional – physical therapist, occupational therapist, speech-language pathologist, etc.
- ☐ Educational specialist
- ☐ Medical specialist – orthopedist, neurologist, etc.
- ☐ Other: \_\_\_\_\_

Signature of physician \_\_\_\_\_

Physician's address \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date form was completed

(\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
Physician's telephone number

MEDICAL EVALUATION

FORM Number - 032-03-654

PURPOSE OF FORM - To provide medical information about the mental or physical condition of a household member.

USE OF FORM - May be used by the local social services agency to secure medical information when a written statement is necessary to determine the ability to work.

NUMBER OF COPIES - One.

DISPOSITION OF FORM - Submitted to the examining or treating physician and, upon return to the local department, filed in the case record.

INSTRUCTIONS FOR PERPARATION OF FORM - The worker must complete the information at the top of the form and submit it to the examining or treating physician. The worker may fill in element 5, item g with an activity not listed, if appropriate. The examining or treating physician must complete information requested in Items 1 through 14 and sign the form.



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